

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18723

State File No. ....

FILED JUN 6 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4525

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4525	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2 2 2 9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>2 2 2739 Rutger</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>JENNIA</u>		c. (Last) <u>WRIGHT</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>13</u>		(Year) <u>1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)		8. DATE OF BIRTH <u>June 23, 1894</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>		IF UNDER 1 HR. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Perryville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>Ferd Streiler</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Penny</u>	
14. NAME OF HUSBAND OR WIFE <u>Glen Wright</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Glen Wright</u>				ADDRESS <u>2739 Rutger, St. Louis, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fr of skull. Brain Injury suffered in collision between car operated by</u> ANTECEDENT CAUSES <u>one Glenn Wright (husband of deceased) and truck operated by</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DUE TO (b) one Glenn Wright (husband of deceased) and truck operated by</u> <u>one Orr on Route #25 passed</u> II. OTHER SIGNIFICANT CONDITIONS <u>the intersection of Route #32 near St Genevieve Mo about</u> Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>600 am May 10 1952</u> <u>Accident 095</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, road, street, office bldg., etc.) <u>Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near St Genevieve Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 10 52 6A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E 8161</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above. <u>26</u>							
23a. SIGNATURE <u>Patricia B. Taylor</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>5/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REGISTRY <u>MAY 15 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin</u>		ADDRESS <u>Fernal Home, 2301 Lafayette</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James R. Chapman  
Licensed Embalmer No. 4558  
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.