

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34361**
Registrar's No. **8519**

FILED OCT 9 1953

BIRTH NO. 66988 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
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>1 1/2 hours</u>	c. CITY OR TOWN <u>MAPLEWOOD</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI BAPTIST HOSP</u>		e. STREET ADDRESS (If rural, give location) <u>2600 BREDELL</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WRIGHT</u> c. (Last) <u>WRIGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 1 1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT 1, 1953</u>
9. AGE (In years last birthday) <u>12</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MISSOURI - 0</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>WILBUR E. WRIGHT</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA MILLS</u>	14. NAME OF HUSBAND OR WIFE <u>-</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>WILBUR E. WRIGHT, 2600 BREDELL A.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u>	INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES	
		<p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>754.4</u>	(COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1:44 PM 9/1, 1953</u> , to <u>9/1/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9/1/53</u> , 19 <u>53</u> , and that death occurred at <u>3:12</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John B. O'Neil M.D.</u> (Degree or title)		23b. ADDRESS <u>634 NORTH GRAND</u>	23c. DATE SIGNED <u>9/2/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 2 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEM -</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County MO.</u>
DATE RECEIVED BY LOCAL REGISTRY <u>SEP 2 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	FEDERAL DIRECTOR'S SIGNATURE <u>J. Croghan</u>	ADDRESS <u>716 MANCHESTER, ST. LOUIS, 19, MO</u>

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.....
Signature of Student Embalmer

Not Embalmed
[Signature]
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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