

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14288

Registrar's No. 3257

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 14288		Registrar's No. 3257	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Jefferson</u>					
b. CITY OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) <u>4 MO.</u>			c. CITY OR TOWN <u>Mount Vernon</u>		d. Is 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>Mo. Pacific Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2417 Casey Ave.,</u>			81208		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>John</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 10 54</u>			5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 29, 1891</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegraph operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>M.O.P. Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Renault, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Thomas Wright</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Luella Mallory</u>			14. NAME OF HUSBAND OR WIFE <u>Zola (Romay) Wright</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>361 09 8652</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Austin T Wright</u>			ADDRESS <u>4103 Oakwood 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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 P.M.</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Carcinoma of Lung Right</u>					
				(c) <u>with attachment to chest wall.</u>					
				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 type="checkbox"/> NO <input checked="" 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) (COUNTY) (STATE) <u>163X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>4 Jan, 1954</u> to <u>10 April, 1954</u> that I last saw the deceased alive on <u>10 April 1954</u> and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edward J. Miller M.D.</u>				23b. ADDRESS <u>Missouri Pacific Bldg.</u>			23c. DATE SIGNED <u>11 April 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 13, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>		24d. LOCATION (City, town, or county) (State) <u>PRairie Du Rocher, Illinois</u>			
DATE REC'D BY LOCAL REG. <u>APR 12 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold A. Walker</u>			ADDRESS <u>Dupo, Illinois</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Signed *Harold A. Lockman*

Licensed Embalmer No. *4621*

P. O. Address *Stuyvesant, Ill.*

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.