

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32528

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>20166</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				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>Richmond Heights</u>			c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Breckenridge Hills</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>St. Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>9618-St. Charles Road</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u>			b. (Middle) <u>Wright</u>		c. (Last) <u>Castle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 21, 1874</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Millner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Julius Wright</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Dod.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Crosswhite</u>		ADDRESS <u>9618-St. Charles</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>Pulmonary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
	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 <u>465X</u>						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) (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>July 10, 1954</u> , to <u>Aug 25, 1954</u> , that I last saw the deceased alive on <u>Aug 25, 1954</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. E. Sterling M.D.</u>				23b. ADDRESS <u>2050 North South Rd. St Louis 14 Mo.</u>		23c. DATE SIGNED <u>8-27-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>8-28-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>				
DATE REC'D BY LOCAL REG <u>9/27/54</u>		REGISTRAR'S SIGNATURE <u>Heckel R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wynnham Bros. Inc.</u>		ADDRESS <u>504 Woodson Rd. Overland, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed *David E. Gibson*

Licensed Embalmer No. *345*

P. O. Address *Covland*

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.