

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39620

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2558

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u> <u>130</u>	
c. LENGTH OF STAY (In this place) <u>8 mos</u>		d. STREET ADDRESS (If rural, give location) <u>6201 Ella</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OIA</u> b. (Middle) <u>A.</u> c. (Last) <u>Wright.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 1903</u>	9. AGE (In years last birthday) <u>52 yrs</u>	IF UNDER 1 YEAR Month Days IF UNDER 1 HR. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
13a. FATHER'S NAME <u>Borden C. Wright</u>			13b. MOTHER'S MAIDEN NAME <u>Mollie A. Purviance</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Paul E. Thompson 7750 Blackberry Lane</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage into bronchus.</u>		DUE TO (b) <u>Erosion of vessels by metastatic carcinoma</u>			<u>7 day.</u>
ANTECEDENT CAUSES/ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Carcinoma, site of origin unknown</u>			<u>7 day.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Rheumatoid arthritis.</u>			<u>1 year.</u>

19a. DATE OF OPERATION <u>4/24/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Exploration of neck. Metastatic carcinoma of neck</u>		20. AUTOPSY? YES <input 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) <u>1991</u>	
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 Oct. 1, 1954, to Nov. 2, 1954, that I last saw the deceased alive on Nov. 1, 1954, and that death occurred at 8:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gilbert N. Lasso, M.D.</u>	23b. ADDRESS <u>3734 Jennings Rd. St. Louis, Mo</u>	23c. DATE SIGNED <u>11/2/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/4/54</u>	REGISTRAR'S SIGNATURE <u>Richard B. Ambrose</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Alexander & Sons 6175 Delmar</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6135 Elm

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.