

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24834

State File No.

FILED AUG 10 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1695

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkeley City</u>	c. LENGTH OF STAY (in this place) <u>8-mon/</u>	c. CITY OR TOWN <u>St. Louis</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>Penn Nursing Home, 1110 Carson Rd.</u>		STREET ADDRESS (If rural, give location) <u>1905 Bacon Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) _____ c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1955</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>	8. DATE OF BIRTH <u>Unk. Unk. 1878</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book Binder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>McMullen Printing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Unknown Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</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>489-03-1696</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Stella Cox, 5452 Holly Hills</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.	MEDICAL CERTIFICATION f. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) _____		
ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right Hemiplegia</u>			<u>over 5 years</u>
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>332 X</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 April 19, 1950, to July 24, 1955, that I last saw the deceased alive on July 19, 1955, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis Lettmann MD</u>		23b. ADDRESS <u>8231 Clayton</u>		23c. DATE SIGNED <u>7/25/55</u>	
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24a. BURIAL CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>July 26, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>7/25/55</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donker, M.D.</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Romelle, 110 Lindell Blvd.</u>	
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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



Licensed Embalmer No. 46

P. O. Address 3840 Pine

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.