

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAY 25 1956

State File No. **18927**
4343

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Box Home Shully Hosp</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY _____ c. CITY OR TOWN <i>St. Louis</i> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <i>21 11 14 No. Hampton</i>		
3. NAME OF DECEASED a. (First) <i>Archie</i> b. (Middle) _____ c. (Last) <i>Wright</i> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <i>April 30 1956</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Married</i>	8. DATE OF BIRTH <i>10 May 1927 28</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labourer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Brick Co</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Crawfordsville Ark</i>	
13a. FATHER'S NAME <i>Clara Wright</i>		13b. MOTHER'S MAIDEN NAME <i>Jane Morgan</i>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No, known) (If yes, give year or date of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>415-36-2365</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Charles Wright 2825 Rev. Shanks</i>	
MEDICAL CERTIFICATION					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stab wound of left upper chest suffered when stabbed with knife in hands of one Fabyie Mae Sawyer (col) in back of home at 1114 North Hampton, about 1030 pm., April 30 1956.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Justifiable homicide</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Justifiable homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Apr 30 56 10p</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E 982+</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Type or Print) <i>Reginald J. Smith</i>			23b. ADDRESS <i>1300 Clark</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>5 Apr 56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Crawfordsville Ark</i>	
24d. LOCATION (City, town, or county) (State) <i>Crawfordsville Ark</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Reliable Funeral Hs 1389 Union</i>			
DATE REC'D BY LOCAL REG. <i>MAY 3 1956</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>			

Ch. M. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....

Paul V. Freeman

Licensed Embalmer No. *468*

P. O. Address *4729 Nar*

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.