FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44138

STATE FILE NUMBER 10684

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Length of stay in Hospital 2 1/12

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes ☐ No ☐
STREET ADDRESS 1435 Pendleton (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Fannie Middle Mae Last Wright

4. DATE OF DEATH: Month 11 Day 21 Year 56

5. SEX Female 3

6. COLOR OR RACE Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH January 27,1896

9. AGE (In years last birthday) 60 — 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) Domestic Work

10b. KIND OF BUSINESS OR INDUSTRY Private families

11. BIRTHPLACE (City and state or country) Hopkinsville,Ky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Wills

14. MOTHER'S MAIDEN NAME Rosana Fruit

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 499-36-2893

17. INFORMANT Mittie Jones Address 1435 N.Pendleton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinomatosis With Suspected Metastases to Brain — INTERVAL BETWEEN ONSET AND DEATH: undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 1995

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-18-56, to 11-21-56 and last saw her alive on 11-21-56

Death occurred at 6:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh Waters (Degree or title) M.D.

22b. ADDRESS 2601 Whittier Street

22c. DATE SIGNED 11-23-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11/27/56

23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

23d. LOCATION (City, town, or county) (State) St.Louis County,Missouri

24. FUNERAL DIRECTOR C.W.Roberts ADDRESS 1416 N.Taylor Ave.

25. DATE RECD. BY LOCAL REG. NOV 23 1956

26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James Cart

Licensed Embalmer No. 4

P. O. Address St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.