

STANDARD CERTIFICATE OF DEATH

FILED APR 15 1957

State File No. 11327  
Registrar's No. 2844

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY Missouri

b. CITY OR TOWN St Louis  
c. LENGTH OF STAY (in this place)  
c. CITY OR TOWN St Louis  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 61 2941 Pine St.  
e. STREET ADDRESS (If rural, give location) 219 2941 Pine St.

3. NAME OF DECEASED  
a. (First) LIZZIE  
b. (Middle) WRIGHT  
c. (Last) WRIGHT  
4. DATE OF DEATH (Month) (Day) (Year) 3 21 57

5. SEX 3 Female  
6. COLOR OR RACE Col.  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widowed  
8. DATE OF BIRTH 7-6-1897  
9. AGE (In years last birthday) 59  
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) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and State or Foreign Country) Tennessee  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown  
13b. MOTHER'S MAIDEN NAME Unknown  
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
16. SOCIAL SECURITY NO. Unknown  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mamie Cothron, 3104 Whittier

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypertensive Cardiovascular disease  
INTERVAL BETWEEN ONSET AND DEATH 1 yr.

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) 443x

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute nephritis  
19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1957, to 3/21, 1957, that I last saw the deceased alive on 3/16, 1957, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE L R Wentzel (Degree or title) M.D.  
23b. ADDRESS 2726 Chouteau  
23c. DATE SIGNED 3/22/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal  
24b. DATE 3-25-57  
24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem.  
24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.

DATE REC'D BY LOCAL REG. MAR 23 57  
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.P. Richardson 2625 Glasgow

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

APR 2 1957

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 *A. D. Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.