

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-020536**

INDEXED

FILED VS MAY 23 1960

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 9

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN <b>East St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hi Way 40</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1402 Summit Ave</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <b>Russell Wright</b>				4. DATE OF DEATH Month Day Year <b>May 15, 1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 13, 1936</b>		9. AGE (last birthday) <b>24</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Photographer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis, Mo</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>					
13a. FATHER'S NAME <b>Byron Wright</b>				13b. MOTHER'S MAIDEN NAME <b>Lucille Herr</b>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes 1954 to 1958</b>				16. SOCIAL SECURITY NO.		17. INFORMANT <b>John Herr East St. Louis Ill</b>				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Injuries received in auto accident</b>										INTERVAL BETWEEN ONSET AND DEATH			
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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Hit car on Highway</b>									
20c. TIME OF INJURY Hour a.m. <b>12:30 PM</b>		Month, Day, Year <b>5-15-60</b>											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 40-61</b>		20f. CITY, TOWN, OR LOCATION <b>Near O'Fallon, Mo</b>		COUNTY <b>St. Charl</b>		STATE					
21. <del>XXXXXX</del> deceased <del>XXXX</del> I held Inquest <b>May, 17, 1960</b> and last saw her <b>him</b> alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Morris Munday Corner</b>						22b. ADDRESS <b>Wentzville MO</b>			22c. DATE SIGNED <b>5-17-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 18, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Zion</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Co. Mo</b>		23e. (State)					
24. FUNERAL DIRECTOR <b>Chas Burke</b>				ADDRESS <b>East St. Louis, Ill</b>		25. DATE RECD. BY LOCAL REG. <b>May 20-60</b>		26. REGISTRAR'S SIGNATURE <b>Earl Withly</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 23 1960

STATEMENT BY LICENSED EMBALMER

MAY 25 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harold Kessler

Licensed Embalmer No. 4631

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING! (Failure to conform 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.