

AMENDED Registration District No. **318** Primary Registration **1003** Registrar's No. _____

FILED JUL 26 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 35 YRS.	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STLOUIS JEWISH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4049, ST. LOUIS AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FANNIE MARY WRIGHT	4. DATE OF DEATH Month Day Year 7 -- 12th -- 1961
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5. SEX FEMALE	6. COLOR OR RACE COL.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/3/1908	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTICTS	11. BIRTHPLACE (City and state or country) ABERDEAN MISSISSIPPI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN BARKER	13b. MOTHER'S MAIDEN NAME MAGGIE HAMILTON	14. NAME OF HUSBAND OR WIFE OLLIE WRIGHT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) NO	16. SOCIAL SECURITY NO. ?	17. INFORMANT <i>Ollie Wright</i>	Address 4049, STLOUIS AVE.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Sev. days.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) <i>4201</i>		

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY: Hour a.m. p.m. 4 p.m.	Month, Day, Year 7 12 1961
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION ST. LOUIS COUNTY STATE
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21. I attended the deceased from *June 4 1959* to *July 12, 1961* and last saw her *alive* on *July 12, 1961*
Death occurred at *8:00 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Harvey L. Walker, Jr., M.D.</i>	22b. ADDRESS <i>462 N. Taylor Ave. St. Louis 8, Missouri</i>	22c. DATE SIGNED <i>7/14/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-17-61	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY JEFFERSON BARRACKS	23d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI
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24. FUNERAL DIRECTOR <i>John A. Houston</i>	ADDRESS 2812, THOMAS ST.	25. DATE RECD. BY LOCAL REG. JUL 15 1961	26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
INSTEAD OF
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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

Arthur L. Hollisaid

Licensed Embalmer No. 4221

P. O. Address 3100 Canton Ave

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.