MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

V Do not use this space.

22222

File No. 6404

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo (No. , Sanitarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Ida Wright

(a) Residence. No. 4212 Lotteridge St. 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Nathan H. Wright

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 31, 1867.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	2	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Calaway County
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Charles Galbraith

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Caroline Kempf

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Virginia

14. INFORMANT: Dr. Joseph A. Lopeliter
(Address): St. Louis City Sanitarium

15. FILED JUN 16 1928 Alex C. Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

I

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1927, to June 14, 1928 that I last saw her alive on June 14, 1928, and that death occurred, on the date stated above, at 9.00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Apoplexy
F. C. H.

(duration) yrs. 1 mos. 14 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Joseph A. Lopeliter, M. D

June 14, 1928 (Address) St Louis City Sanitarium

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Greenwood Cem.	June 18 1928
20. UNDERTAKER: Mannel Bros Co.	ADDRESS 4089 Finney