

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

Do not use this space.

22613
6842

1. PLACE OF DEATH

County..... Registration District No. 7901
Township..... Primary Registration District No. 1708
City St. Louis (No. 6035 Clemens Ave)..... St. Ward)

File No.....
Registered No. 6842..... St. Ward)

2. FULL NAME

Silas B. Wright
(a) Residence. No. 6035 Clemens Ave..... St. 5 Ward.....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luella Wright</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>About 1863?</u>		
7. AGE <u>About 65</u>	YEARS MONTHS DAYS	II LESS than I day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Carpenter</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
PARENTS	10. NAME OF FATHER <u>William B. Wright</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Allegheny Pa.</u>	
	12. MAIDEN NAME OF MOTHER <u>Unkown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Halmington N.Y.</u>	

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1928

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1927, to June 29, 1928 that I last saw him alive on June 18, 1928, and that death occurred, on the date stated above, at 2:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Edema
93C
111B
..... (duration) _____ yrs. _____ mos. 3 da.
CONTRIBUTORY Chronic Myocarditis (SECONDARY)
..... (duration) 2-3 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT IN PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical picture only
(Signed) H. Wall, M. D.
June 27, 1928 (Address) 5894 Cates Av.

*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 Culvary Cemetery DATE OF BURIAL July 2, 1928

20. UNDERTAKER Chas. L. Geraghty ADDRESS 4852 Easton Ave

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.

14. INFORMANT Mrs. Luella Wright
(Address) 6035 Clemens Ave

15. FILED 30 1928 May C. Stankoff
REGISTRAR

