

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

7502

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **4953**) **Tenn** St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. ....  
 Registered No. **1846**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ 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.

*Marguerite Pluomina (Bright) Wright*

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** *Female*      **4. COLOR OR RACE** *White*      **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *(write the word)* **MARRIED**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** *Joan Knight*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** *August 8 - 1890*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day	
				hrs.	min.
	40	6	2		

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work. *homework*  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer.

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Richmond Indiana*

**10. NAME OF FATHER** *Benjamin Engelbert*  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** *Richmond Ind*  
**12. MAIDEN NAME OF MOTHER** *Elizabeth Fennelmann*  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** *Cincinnati Ohio*

**14. INFORMANT (Address)** *Joan Wright 4953 a Tenn*

**15. FILED** *11 1931* *May C. J. [Signature]*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *Feb. 10 1931*

**17. I HEREBY CERTIFY, That I attended deceased from** *Jan 26 1931*, to *Feb 10 1931*, **19 31**  
 that I last saw him alive on *Feb 10 1931*, and that death occurred, on the date stated above, at *2:45 P.* m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

*Right Lobar Pneumonia*  
 (duration) yrs. mos. ds. *2*  
**CONTRIBUTORY (SECONDARY)** *Alleged with effusion pl. luffe*  
 (duration) yrs. mos. ds. *7*

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH?** *No* DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** *No* 1

**WHAT TEST CONFIRMED DIAGNOSIS?** *Physical postip*  
 (Signed) *Geo. B. Knight*, M. D.  
*2/11 1931* (Address) *3446 Gualdini*

\*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** *Richmond Indiana*      **DATE OF BURIAL** *Feb 11 1931*

**20. UNDERTAKER** *Wm. M. Schumacher*      **ADDRESS** *4834 Nat Bridge*

**MARGIN RESERVED FOR BINDING**  
**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.

