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.

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

Do not use this space.

2653

File No. 346

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. 78

City St Louis (No. De Paul Hosp. 5000 ..... St. ..... Ward)

2. FULL NAME Sophia Wright

(a) Residence, No. 7365 Westmoreland St., 6 Ward. St. Louis Co. Mo
(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-11-1864

7. AGE: YEARS 67 | MONTHS 11 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 35

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Ill.

FATHER

13. NAME Adam Peier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stuttgart Germany 1

MOTHER

15. MAIDEN NAME Marie Perrotet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bennus Switzerland 2

17. INFORMANT (ADDRESS) Oscar O. Wright 7365 Westmoreland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Jan 13 1932

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED JAN 11 1932 19 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1931, to Jan 9, 1932

I last saw her alive on Jan 9, 1932 Death is said to have occurred on the date stated above, at 11.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	Jan 1/31
118 R (1)	

Other contributory causes of importance:

operation for gall stones Jan 8/31

Name of operation Cholecystectomy Date Jan 8/31

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. R. Finnigan, M. D.

(Address) 3701 Westminster