

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH.**

2683

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 4446<sup>a</sup>, Ashland Ave. St. .... Ward)

Registration District No. 791  
Primary Registration District No. 5003

File No. ....  
Registered No. 377

**2. FULL NAME**

Jean Adlene Wright  
(a) Residence No. 4446<sup>a</sup> Ashland Ave. St. 10 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 4, 1926</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>5</u>	<u>2</u>	<u>5</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>School Girl</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Ashland School</u>				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>				
PARENTS	10. NAME OF FATHER <u>Charles E. Wright</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>			
	12. MAIDEN NAME OF MOTHER <u>Sue F. Banks</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u>				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 9 1932

17. I HEREBY CERTIFY that I attended deceased from Jan 8 to Jan 9, 1932 that I last saw h. e. alive on Jan 9, 1932, and that death occurred, on the date stated above, at 8 a. m.

(THE CAUSE OF DEATH\* WAS AS FOLLOWS)  
Diphtheria (Toxical)  
Toxical  
nasal

10 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) NO (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH..... (1)

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? St. Louis  
(Signed) W. J. Starnes M.D.  
Address 1111 North 1st St.

\*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 Mt. Lebanon Cemetery DATE OF BURIAL Jan 12 1932

20. UNDERTAKER Geo. L. Pleitseh Inc. ADDRESS 5966 Easton Ave.

14. INFORMANT Mrs. Lucy Newton  
(Address) 4446<sup>a</sup> Ashland Ave

15. FILED 1932 W. J. Starnes REGISTRAR

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.

1/12/32

OK

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