

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

Do not use this space.

21582

**1. PLACE OF DEATH**

County..... Registration District No. **79E**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City Hospital**)

File No.....  
Registered No. **6252**  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. **2624 Duquesne** Ward. **23**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **2 yrs.** ds. How long in U. S., if of foreign birth? : : yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>single</b>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 24-1932</b>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, : hrs. or : min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>nil</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <b>St. Louis</b> (STATE OR COUNTRY) <b>Mo.</b>		
FATHER	13. NAME <b>George V. Wright</b>	
	14. BIRTHPLACE (CITY OR TOWN) <b>Danvers</b> (STATE OR COUNTRY) <b>Mass.</b>	
MOTHER	15. MAIDEN NAME <b>Letha Chamberlain</b>	
	16. BIRTHPLACE (CITY OR TOWN) <b>St. Louis</b> (STATE OR COUNTRY) <b>Mo.</b>	
17. INFORMANT (ADDRESS) <b>Hospital Information, City Hospital</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>PUTTERS FIELD</b> DATE <b>7-7-32</b>		
19. UNDERTAKER (ADDRESS) <b>Shawnee 1026 1/2</b>		
20. FILED <b>6-15-32</b> <b>May O. Farley</b> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 24-1932**

2. I HEREBY CERTIFY, that I attended deceased from **June 24-1932** to **June 24-1932**  
Last saw her alive on **June 24-1932**. Death is said to have occurred on the date stated above, at **6:55 AM**.  
The principal cause of death and related causes of importance were as follows:  
**159 Prematurity (7 months)**  
Other contributory causes of importance: **159**

Name of operation **1** Date of **1**  
What test confirmed diagnosis? **deceased** 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 **City Hospital** (Signed) **City Hospital** M. D.  
(Address) **City Hospital**

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. de gae