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.

NOV 28 1932

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

Do not use this space.

33451

1. PLACE OF DEATH

96 County: St. Louis — Registration District No. 790 — File No.

2 Township: Central — Primary Registration District No. 6033 — Registered No.

7 City: Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Ora L. Wright

(a) Residence, No. 350 N. Gore Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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) Wife

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. Joseph S. Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 35

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

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) Indiana 2

FATHER

13. NAME Asbury Alley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Mary Ann Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT R. A. Wright
(ADDRESS) 417 McCausland Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles Cem. DATE 10/27 1932

19. UNDERTAKER Shanley Funeral Home
(ADDRESS) 4355 Washington St.

20. FILED Oct. 27 1932 R. A. Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 32

22. I HEREBY CERTIFY, That I attended deceased from Living M, 19....., to, 19.....

I last saw h... alive on 10/26, 19..... Death is said to have occurred on the date stated above, at 5:45 p. m.

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

Struck by automobile while attempting to cross public highway

Date of onset 10/25 32

Other contributory causes of importance: Fractured skull, Intra-cranial hemorrhage.

Name of operation None. Date of

What test confirmed diagnosis? Clinical signs. Was there an autopsy? No

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

Accident, suicide, or homicide? Accident. Date of injury 10/25, 1932

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

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

Manner of injury Struck by auto.

Nature of injury Accident.

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) John C. Leffler, M. D.

(Address) Coroner of St. Louis County