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

Do not use this space.

3021

1. PLACE OF DEATH
County St. Louis — Registration District No. 788 — File No.
Township — Primary Registration District No. 4471 — Registered No. 17
City Webster Groves Mo (No. 350 N. Gore Ave. St. Ward)

2. FULL NAME Dr. Joseph S. Wright
(a) Residence, No. 350 N. Gore Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora L. Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1872

7. AGE: 60 YEARS, 6 MONTHS, 6 DAYS, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist
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) Jany 20th 1933
11. Total time (years) spent in this occupation 36 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Alexander Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elizabeth Hinton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) G. A. Vinnuga 307 So. Gore Ave Webster Groves Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles Cem DATE July 28 1933

19. UNDERTAKER (ADDRESS) Shankey 4355 Washington Bl.

20. FILED 1/27 1933 Dr. H. W. Westrup, J. Carlock, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1932, to Jan. 26, 1933
I last saw him alive on January 25, 1933. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured, Dissecting Aneurysm of aorta	?
96	
97	
107	

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation — Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? no
If so, specify —
(Signed) Louis F. Aitken, M. D.
(Address) 600 S. Kings Highway St. L. Mo