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

Do not use this space.

11304

File No. .....

Registered No. 2361

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 003

City St Louis Mo (No. Mo. Pac. Hosp. ..... St. ..... Ward)

2. FULL NAME Lawrence Wright

(a) Residence, No. 2722 Bernard St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unknown 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk

7. AGE: Years abt. 55 | 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. Car Cleaner

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

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) Vicksburg Miss.

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Charlotte McNeal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vicksburg Miss

17. INFORMANT (ADDRESS) 2722 Bernard St. Geo. Wright

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson Cem. DATE Mar 11th, 1933

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Ave

20. FILED MAR 13 1933 Roy E. Harvey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 9 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1933, to 3-9, 1933

I last saw him alive on 3-9, 1933. Death is said to have occurred on the date stated above, at 8:30 m.

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

	Date of onset
Chronic Myocarditis 93C	3 mos?
93D K. Harold Lowman Deputy Coroner 3/11/33	

Other contributory causes of importance:

Acute Myocardial Decomposition	1 wk?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No

If so, specify .....

(Signed) R. B. Wyrsch, M. D.

(Address) 1755 South Grand

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD