

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

Do not use this space.

1. PLACE OF DEATH **SEP 13 1934**

**791
1003**

31269

County.....

Registration District No.

File No.

Township.....

Primary Registration District No.

Registered No. **8571**

City **St. Louis** (No. **City Hospital**)

City **St. Louis** (No. **City Hospital**)

St. Ward)

2. FULL NAME **Joseph B. Wright**

(a) Residence, No. **2918 Rutger** St. **23** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lillian Wright**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 4 - 1892**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Sheet Metal**

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

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) **Mo.**

13. NAME **Val Wright**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

15. MAIDEN NAME **Maud Harrison**

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

17. INFORMANT **Mrs Lillian Wright** (ADDRESS) **2918 Rutger**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **Aug 25 1934**

19. UNDERTAKER **E. J. Schurr** (ADDRESS) **3125 Lafayette**

20. FILED **AUG 24 1934** **J. Bredecke** Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/23 1934**

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

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **8:20 A.M.**

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

Edema of brain

**1344
808 7461**

Other contributory causes of importance:
Chr. Chronic Gonorrhea of testes (Lennex)

Name of operation Date of
What test confirmed diagnosis? 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? If so, specify

Signed **Barth A. King** M.D.
Date **8/24/34** (Address) **St. Louis**

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.

