JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. City Hospital St. ..... St. ..... Ward)

File No. 18173

Registered No. 4749

C1165

2. FULL NAME Winifred Wright

(a) Residence, No. 6548 Rockville St., Ward.
(Usual place of abode) (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: F

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1884

7. AGE: Years 53 | Months 1 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress Dorwood Dress Co

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) St Louis Mo

FATHER

13. NAME Frank Fuller

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

MOTHER

15. MAIDEN NAME Catherine Modringer

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

17. INFORMANT Mrs Fay McKeel
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lewis St Marcus DATE 5-12 1937

19. UNDERTAKER Wiegehauser Martuepie's
(ADDRESS) 3600 Southwestern

MAY 10 1937

20. FILED ....., 19.... J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/24, 1937 to 5/9, 1937

I last saw her alive on 5/9, 1937. Death is said to have occurred on the date stated above, at 1:50 p.m.

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

	Date of onset
Carcinoma of ovary	
right primary	
Peritonitis, general,	

Other contributory causes of importance:

H & W

Name of operation Exp Lap Date of 5/2/37

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) [illegible] M. D.

(Address) City Hospital

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.