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.

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

Do not use this space.

29160

SEP 10 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. City Hospital No.1 St. ..... Ward)

File No. 7793

Registered No. .....

C 4148

2. FULL NAME Arch Wright

(a) Residence, No. 3712 Chouteau St., 18 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: 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 Louise Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	34	0	8	

OCCUPATION

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

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

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) Kentucky

FATHER

13. NAME Claude Wright

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

MOTHER

15. MAIDEN NAME Clara ? Phillips

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

17. INFORMANT (ADDRESS) Hoso. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter&Paul DATE 8-20, 19 37

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway Blvd.

20. FILED AUG 19 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/25/37, 19..., to 8/18/37, 19...

I last saw him alive on 8/18/37, 19... Death is said to have occurred on the date stated above, at 2.10 p.m.

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

Pulmonary Tbc. — Date of onset

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) E. C. Reb, M. D.

(Address) City Hospital No.1

13-161.6