

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

35879
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3415 Union Blvd.** Registered No. **9456**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Fredrick M. Wright**
 (a) Residence, No. **3415 Union Blvd.** St. **6**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Ella Wright**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 21st, 1877**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 0 18
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Auditor**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Certain-Teed Prod. Co.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 9th 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **Oct 8, 1937, to Oct. 9th, 1937**
 I last saw him alive on **Oct. 9, 1937** Death is said to have occurred on the date stated above, at **4:35 A.M.**
 The principal cause of death and related causes of importance were as follows:
**Coronary Occlusion
 Acute Cardiac Failure
 Pulmonary Edema**
 Other contributory causes of importance:
**Myocardial Infarct
 Arteriosclerosis**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**
 13. NAME **Fredrick M. Wright**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
 15. MAIDEN NAME **Mary J. Mallett**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**
 17. INFORMANT (ADDRESS) **Ella Wright
 3415 Union Blvd.**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem.** DATE **Oct. 11th 1937**
 19. FUNERAL DIRECTOR (ADDRESS) **Drehmann Starck
 1905 Union Blvd.**
 20. FEE **J. Bredrick
 Local Registrar.**

Name of operation Date of
 What test confirmed diagnosis? **Phys Exam** 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 **Hervey H. Meyer, M. D.**
 (Signed) (Address) **603 Metropolitan Bldg**

OCT 11 1937

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.

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Robert M. Sanford
1927 - 3

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Robert M. Sanford*
Licensed Embalmer No. *2273*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)