NOV 15 1937

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

35960
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 751

(b) Township ..... Primary Registration District No. 1003 Registered No. 9537

(c) City St. Louis, (d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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.

C. 9379

2. PRINT FULL NAME Frances Wright

(a) Residence, No. 322 Walnut St. 25
(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: female
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: Thomas Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10, 1870

7. AGE: 67 YEARS | MONTHS: 9 | DAYS: 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. hwk
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, Missouri

FATHER
13. NAME: John Antell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Louise Schrader
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Geramny

17. INFORMANT (ADDRESS): Hosp. Info M.Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus Cem. Oct. 13, 1937

19. FUNERAL DIRECTOR (ADDRESS): Wick Bros 2201 So. Grand Blvd.

20. FILED OCT 13 1937 J. L. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/10/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/27/37, 19, to 10/10/37, 19
I last saw her alive on 10/10/37, 19 Death is said to have occurred on the date stated above, at 8.20 p
The principal cause of death and related causes of importance were as follows:

Date of onset

Diverticulites of Sigmoid - Ruptured Diverticulum

Other contributory causes of importance:

Gen Peritonitis 123C

Name of operation Laporatomy Date of 10-10-37
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) [signature], M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, George C. Weick, Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed George C. Weick

Licensed Embalmer No. 2268

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.)