

NOV 15 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36156  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **St. Johns Hospital** Registered No. **9733**  
(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.

2. PRINT FULL NAME **Madaline Wright**

(a) Residence, No. **2630 Brannon Ave.** St. **3**  
(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 **Married**  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 3rd, 1914.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**23 0 15**

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

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

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.**

13. NAME **Fred Schroeder**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Edna Syberg**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Steve Wright, r.**  
(ADDRESS) **2630 Brannon Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset B. Park** DATE **Oct. 21th, 1937**

19. FUNERAL DIRECTOR **Wacker-Helderle**  
(ADDRESS) **2331 S. Broadway**

20. FILED **OCT 20 1937** **J. F. Bredeck**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 18th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 5, 1937, to Oct 18, 1937**

I last saw her alive on **10/17, 1937** Death is said to have occurred on the date stated above, at **9.15 A.M.**

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

**Subacute Bacterial Endocarditis (Streptococcus Viridans)**

**92A**  
Other contributory causes of importance:  
**Rheumatic Endocarditis (inactive) Mitral Stenosis**

Date of onset

**7**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Blood Culture** 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 **John A. Spurrmond** M. D.  
(Signed) **J. F. Bredeck** (Address) **634 1/2 Grand Blvd.**

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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MOTHER  
FATHER  
OCCUPATION

STATEMENT BY LICENSED EMBALMER

I, Frank J. Thylaud, Licensed Embalmer No. 2645

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

L. E.

No. 2645 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Frank J. Thylaud  
Licensed Embalmer No. 2645

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.)