

JAN 10 1938

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

43600
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. Deaconess Hosp Registered No. 1850
 (e) Length of residence in city or town where death occurred yrs. mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maude Lillian Wright

(a) Residence, No. St. NR Troy, Mo.
 (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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6, 1864 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 1 16

OCCUPATION
 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. 2 5
 10. Date deceased last worked at this occupation (month and year) Dec. 1937 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy, Mo.

FATHER
 13. NAME Capt. Wm. Cabbert

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

MOTHER
 15. MAIDEN NAME Mary M Josephine Fregay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawk Point, Mo.

17. INFORMANT (ADDRESS) William Wright
Troy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy, Mo. DATE 12-24 1937

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc.
429 N. Euclid Ave.

20. FI DEC 24 1937 J. G. Brudeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~12-22~~ 12-22 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1937, to Dec. 22 1937.
 I last saw him alive on Dec. 22 1937. Death is said to have occurred on the date stated above, at 11:35 P.M.
 The principal cause of death and related causes of importance were as follows:

Pneumonia - lobar, bilateral Date of onset 12/17/37
Type # 6.
 Other contributory causes of importance:
Senility; circulatory failure
None
 Name of operation..... Date of.....
 What test confirmed diagnosis? Aut. 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.....
 (Signed) Sam A. Bannett, M. D.
 (Address) 1250 S. Big Bend
St. Louis, Mo.

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.

999

1 X12004

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

Benny C. Dunbar

Licensed Embalmer No. *2272*

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.)