

FEB 16 1938

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

4058
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township Central Bohannon Primary Registration District No. _____ Registered No. 204
 (c) City Kirkwood, Mo. (d) Street No. #2 Schultz Road 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.

2. PRINT FULL NAME Leslie Allison Wright 623

(a) Residence, No. #2 Scultz Road St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Emma Wright
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th, 1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 7 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrical Contractor
 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, Missouri
 FATHER 13. NAME Freeman Wright
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York
 MOTHER 15. MAIDEN NAME Mark Ellen Keck
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Sota, Missouri
 17. INFORMANT Mrs Emma Wright
 (ADDRESS) #2 Schultz Road
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Feb. 7, 1938

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
 (ADDRESS) 429 N. Euclid Avenue
 20. FILED 131 19 78 Walter H. Dabrow
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1937 to Jan 29, 1938

I last saw him alive on Jan 27, 1938 Death is said to have occurred on the date stated above, at 5 P.M.

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

Angina Pectoris
Coronary thrombosis

Date of onset

Other contributory causes of importance: None

Name of operation None 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? no
 If so, specify _____
 (Signed) Walter H. Dabrow D.O.
 (Address) 706 Century Bldg

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.

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 *Albert J. Hoyle*

Licensed Embalmer No. *8971*

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.)