

REC'D MAY 10 1938

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

13321

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** 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 **60** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3925**

2. PRINT FULL NAME

Robert Wright 623
(a) Residence, No. **1806 N Newstead** St. **11**
(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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 4, 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 20

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. **nil**

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) **Alabama**FATHER 13. NAME **Charles Wright**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER 15. MAIDEN NAME **Mollie Reese**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Greenwood** DATE **April 28, 1938**19. FUNERAL DIRECTOR (NAME) **G. J. Young**
(ADDRESS) **4400 Pershing**20. FILE **APR 27 1938**
J. D. Boller Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 24, 1938**22. I HEREBY CERTIFY, That I attended deceased from **April 10, 1938**, to **April 24, 1938**I last saw him alive on **April 24, 1938** Death is saidto have occurred on the date stated above, at **6:18 p. m.**

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

Cerebral arteriosclerosis with softening

Date of onset

4/10/38

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? **clinical** 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?

If so, specify

(Signed) **W. L. Lewis**, M. D.(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 3374

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.