

17 1938
1938
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.

REC'D JUN 7 1938

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

19448
Do not use this space.

1. PLACE OF DEATH
 (a) County Albany Registration District No. 784
 (b) Township ST. FERDINAND Primary Registration District No. 161 Registered No. 868
 (c) City St. Joseph (d) Street No. ST. LOUIS COUNTY 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? / yrs. mos. ds.

2. PRINT FULL NAME ELSWORTH WRIGHT 623
 (a) Residence, No. 17 SOUTHERN SOUTH KENTUCKY 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1910

7. AGE YEARS 28 MONTHS 5 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
 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) ST. LOUIS (STATE OR COUNTRY) MO.

FATHER
 13. NAME Willie WRIGHT
 14. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Lillie Lightfoot
 16. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY)

17. INFORMANT Lillie WRIGHT (ADDRESS) 17 Southern Kentucky

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 19 1938

19. FUNERAL DIRECTOR Frank R. Loney (ADDRESS) 3129 Levas Ave

20. FILED 5-17 1938 J. R. Myers M.D.P. (Address) City Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7:55 m.
 The principal cause of death and related causes of importance were as follows:
Homicide by firearms 5/13/38
172' revolver

Date of onset

Other contributory causes of importance:
Gun - shot wound of abdomen 5/13/38

Name of operation Laprotomy Date of 5/13/38
 What test confirmed diagnosis? Physic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Stimul Date of injury 5/13 1938
 Where did injury occur? St. Louis, Cent. Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Homicide by firearms
 Nature of injury Gun wound of abdomen

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) John O. Corneil H. M. D.
 (Address) Sumner & Superior County

(Decedent Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Clark Young, Licensed Embalmer No. 3371

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 Clark Young
Licensed Embalmer No. 3371

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.)