

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.

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

33773  
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. **5918 Wabada Ave.** Registered No. **8759**  
 (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

**Joseph E. Bright**  
 (a) Residence, No. **5918 Wabada Ave.** St. **6** (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 **Margaret Bright**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 21, 1895**  
 7. AGE YEARS **42** MONTHS **10** DAYS **14**  
 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Milk wagon driver.**  
 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) **Missouri**

FATHER 13. NAME **John Bright**

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

MOTHER 15. MAIDEN NAME **Delia Vessell**

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

17. INFORMANT (ADDRESS) **Mrs. Margaret Bright**  
**5918 Wabada Ave.**

18. BURIAL, CREMATION, OR REMOVAL **Belle Fontaine Cem.** DATE **Oct. 8/38**

19. FUNERAL DIRECTOR (ADDRESS) **Jos. W. Clark**  
**1125 Hodiamont Ave.**

20. FILED **OCT 7 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 6/38**  
 22. I HEREBY CERTIFY, That I attended deceased from **June - 10, 1938** to **Oct - 6, 1938**  
 I last saw him alive on **Oct 2, 1938** Death is said to have occurred on the date stated above, at **3:55 Am.m**  
 The principal cause of death and related causes of importance were as follows:

**Carcinoma of Stomach** Date of onset **6-10-38**  
 Other contributory causes of importance:  
**Melanoma Lungs + Chest 9-9-38**  
**with Secondary Hemorrhage 8-3-38**  
**Melanoma Mesenteric Glands**  
 Name of operation **Exploratory - Gastro-Enterotomy** Date of **8-3-38**  
 What was the confirmed diagnosis? **Section** 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) **W. Raymond** M. D.  
 (Address) **4390 N. Pine Bl**

Dr. Raemdonck  
4390 West Pine Blvd.,  
12-3 P.M. Jer. 1340

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. 1661.  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Jos. W. Clark.  
Licensed Embalmer No. 1661.

**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.)**