

FILED MAY 15 1940

7917

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 3242

I. PLACE OF DEATH:

(a) County St. Louis 3  
(b) City or town St. Louis  
(c) Name of hospital or institution Providence City Hospital  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 26  
(If outside city or town limit, write "RURAL")  
(d) Street No. 1444 N. Market St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME HARRY M. WRIGHT 623  
(b) If veteran, name war No.  
(c) Social Security No. Unknown

MEDICAL CERTIFICATION  
No attending physician  
20. DATE OF DEATH: Month April day 7th  
year 1940 hour 2 minute 45 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs Mary Wright 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased March 26 1880  
(Month) (Day) (Year)

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 0 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death arteriosclerosis with  
Due to mental incompetence

9. Birthplace Texas (City, town, or county) (State or foreign country)

Due to mental incompetence  
Other conditions Cal. Malignant  
(Include pregnancy within 3 months of death)

10. Usual occupation Cook and Dish Washer 9

Major findings: Cal. Malignant  
Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy 131

12. Name Unknown 9  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Wright  
(b) Address 1444 N. Market St

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (b) Date thereof 4-10-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thy Ladies Aid Soc  
(b) Address 1417 N. Market St

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

19. (a) APR 8 1940 (b) J. F. Budich  
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Budich (M.D. or other)  
Address Deputy Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Harold L. Ponder*

Licensed Embalmer No.

*32767*

P. O. Address

*2223 St. Louis*

**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.**