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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 15 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16600

State File No. \_\_\_\_\_  
Registrar's No. 4078

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County 1  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Hazel Elizabeth Wright 623  
3. (b) If veteran, name war -- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Nov. 12, 1918  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
21 5 22 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Student

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

MOTHER FATHER { 12. Name W. C. Wright 110  
13. Birthplace Sadrus Ill.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Edith Browning  
15. Birthplace Hubbardston Mass.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. C. Wright  
(b) Address 6939 Columbia Place

17. (a) Burial (b) Date thereof May 7, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Craig Mortuary  
(b) Address 4468 Washington Blvd.

19. (a) MAY 6 1940 (b) J. F. Brashers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
0  
(a) State Missouri (b) County St Louis  
UNIVERSITY CITY  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6939 Columbia Place NR  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th  
year 1940 hour 9 minute 30 P. M.  
21. I hereby certify that I attended the deceased from April 16  
1940 to May 4 1940  
that I last saw her alive on May 4 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration  
Pneumonitis and multiple lung abscesses 2 wks  
Dilatation of heart, no definite heart disease 2 wks  
Due to Septicemia 3 wks

Due to Pharyngitis & Toxicallitis (acute), non diphtheritic

Other conditions rh empysema, diffiile  
(Include pregnancy within 3 months of death)  
purulent peritonitis caused

Major findings  
Of operations hy staphylococcus  
septicemia, lymph abscesses non-tuberculous  
Of autopsy multiple lung abscesses  
Peritonitis PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

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

23. Signature Barnett L. Tansing (M. D. or other) MD  
Address 634 N. Grand Date signed May 6

**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 *P. Philip A. Long, Esq.*  
Licensed Embalmer No. 3281

P. O. Address 4468 Washington Blvd.

**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.**