

JUN 15 1940
Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis **3**
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Rute Homes & Philip Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 38 yrs
years, months or days)

3. (a) PRINT FULL NAME Henry Wright **623**

8. (b) If veteran, name war Spanish
3. (c) Social Security No. _____

4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased About Jan 4 -
(Month) (Day) (Year) 1871

8. AGE: Years 69 Months 3 Days 27
If less than one day hr. _____ min. _____

9. Birthplace Charleston S.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil **9**

11. Industry or business _____ **9**

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

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

16. (a) Informant Anna (W) Wright

(b) Address 1545^a R. So 2nd Street

17. (a) Burial (b) Date thereof 5-7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bremwood Cemetery

18. (a) Signature of funeral director J. H. Randle

(b) Address 3133 Bell Ave

19. (a) MAY 13 1940 (b) J. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St Louis **43**
(If outside city or town limits, write "RURAL")
(d) Street No. 1545^a R So 2nd St
(If rural, give location)
(e) If foreign born, how long in U. S. A? native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1940 hour 3:10 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Apoplexy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 J. Braddock (M. D. or other)

Address Deputy Registrar Dec signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Shirley J. Watson

Licensed Embalmer No. 19698

P. O. Address 2769 Chouteau

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.