S. No. 2
—11-10-39
5-17-39
I X21492

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

FILED JUL 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20336

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 5284

1. PLACE OF DEATH:

(a) County: St. Louis 2

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5058 Maffitt (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1 2 3

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County:

(c) City or town: St. Louis 6 (If outside city or town limits write "RURAL")

(d) Street No.: 5058 Maffitt (If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Albert E. Wright

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Margaret Wright

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: Nov. (Month) 9 (Day) 1870 (Year)

8. AGE: Years 69 | Months 7 | Days 7 | If less than one day ... hr. ... min.

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

10. Usual occupation: Upholsterer 5

11. Industry or business: A. E. Wright Co.

MOTHER FATHER

12. Name: John Wright 9

13. Birthplace: Ireland (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: Albert E. Wright Jr.

(b) Address: 639 Belt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-19-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director: Chas. F. Stuart

(b) Address: 1225 Union Blvd.

19. (a) JUN 18 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1940 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from May 16, 1940, to June 16, 1940 that I last saw alive on June 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral hemorrhage	1 week
Left sided	
Due to: Arteriosclerosis	3 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: E. E. Laird (Phys. or other)

Address: 6673 Kilburn Date signed: 6-17-40

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard A. J. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Elm, 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.