

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1282

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 6 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bedelia Wright L23

3. (b) If veteran, name war ? 3. (c) Social Security No. ?

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife John Wright 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 27 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation nil.

11. Industry or business

12. Name Cornelius Liles

13. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

14. Maiden name India Unknown

15. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis County Hosp
(b) Address Clayton, Mo.

17. (a) burial (b) Date thereof 7-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director 1300 13th

(b) Address 1300 13th

19. (a) JUL 9 - 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town S. Kinloch Pk.
(If outside city or town limits, write "RURAL")
(d) Street No. Carson and Boyd
(If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1940 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from 7-5-40
19 , to 7-7-40, 19 ;

that I last saw her alive on 7-7-40, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Undetermined

Paralytic ileus? of unknown etiology 2 days

Due to Hypertensive heart disease several years
Styphelia

Due to 34

Other conditions 34
(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?

707 (Specify type of place)

While at work? (e) Means of injury

23. Signature Milton G. Gatz (M. D. or other)

Address County Hosp. (St. Louis) Date signed 7/8/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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