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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30736

Registration District No. 79 FILED OCT 25 1940 Primary Registration District No. 1003 Registrar's No. 8013

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5622 Delmar, Blvd., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 5 (If outside city or town limits, write "RURAL")

(d) Street No. 5622 Delmar, Blvd., 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Nellie Moore Wright.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Guy Wright

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

7. Birth date of deceased March (Month) 21 (Day) 1874 (Year)

8. AGE: Years 66 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Canton, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At home 1

11. Industry or business 1

FATHER 12. Name David Moore

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

MOTHER 14. Maiden name Mary Mattingly.

15. Birthplace Lexington, (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Marion McEwen. Nugent

(b) Address 5622 Delmar, Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/40 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar, Blvd.,

19. (a) SEP 25 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th year 1940 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from October 1937 to Sept. 24 1940 that I last saw h. alive on September 23 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Degenerative heart disease	1 yr.
Due to Arteriosclerosis and	10 yrs.
Due to Hypertension, essential	10 yrs.
Other conditions (Include pregnancy within 3 months of death) Senile dementia	3 mos.

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 Truman G. Drake (M. D. or other)

Address 114 N. Taylor Date signed 9/25/40

(Licensed Embalmer's Statement on Reverse Side)

114 No. Taylor
JE-8600
Sam Grant

Wed
1-5 Pm

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 Bradford A. Mel

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.