

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9469**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4026 N. 9th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7
(Specify whether in this community, years, months or days)

3. (a) PRINT FULL NAME Dorothy Marie Wright

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife If alive, years

7. Birth date of deceased November 18 1940
(Month) (Day) (Year)

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

9. Birthplace St. Louis - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business nil.

12. Name Ralph Wright

13. Birthplace Adair - Oklahoma
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Lynch

15. Birthplace Jainville - Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Wright

(b) Address 4026 N. 9th Street

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

(c) Place: burial or cremation Frienders Cem.

18. (a) Signature of funeral director Franklin Adams

(b) Address 3934 N. 20th St.

19. (a) NOV 19 1940 (b) J. D. Bradish
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 4026 N. 9th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1940 hour 12 - minute None

21. I hereby certify that I attended the deceased from her birth
Nov. 18 1940, to 12 Noon same day
that I last saw her alive on November 18, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary malformation

Due to congenital malformation

Due to _____

Other conditions hair lip, cleft palate, malformation of ears
(Include pregnancy within 3 months of death)
Major findings malformation of ears
Of operations _____

Of autopsy 157

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 Eric P. Beauvald (M. D. or other) _____
Address 4155 N. Newstead Date signed 11-18-40

Duration
Physician
Underline the cause to which death should be charged statistically.

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

DEC 11 1940

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.