

No. 2
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17-39
X23159

MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15885

State File No. _____

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 913

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
734 Yale Avenue
(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)

In this community 45 years

3. (a) PRINT FULL NAME ELIZABETH HAWK WRIGHT

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

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

6. (b) Name of husband or wife JOHN WRIGHT 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 30 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>8</u>	<u>29</u>	hr. min.

9. Birthplace Sioux City Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Lawrence Hawk

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

14. Maiden name Carrielle Thomson

15. Birthplace Jamestown New York
(City, town, or county) (State or foreign country)

16. (a) Informant John Wright
(b) Address 734 Yale Ave U.C.H.

17. (a) burial (b) Date thereof 5/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander & Sons, Inc.

(b) Address 6175 Delmar Blvd.

19. (a) APR 30 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 734 Yale
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1941 hour 7 minute 43 A.M.

21. I hereby certify that I attended the deceased from August, 1940, to date of death, 1941; that I last saw her alive on April 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions Cerebrae thrombosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Charles R. Judson (M. D. or other) [Signature]
Address 3720 Washington Date signed Apr 30/41

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

6
3
1

96
3
5

MOTHER FATHER

Dr. C. W. Dunder
3700 Washington

9 AM

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

Geo. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address

6173 Delma

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

If this body is not embalmed, fact should be so stated above.