

No. 2
-13-40
17-39
X23150

DATE AUG 28 1941 7 9 1

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution 1317 Rear Carr Street
(If not in hospital or institution, write street number or location)

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

In this community About 15 years

3. (a) PRINT FULL NAME Rachael Wright

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Not Known

(Month) (Day) (Year)

8. AGE: Years About 70 Months Days If less than one day

hr. min.

9. Birthplace Not Known 9

(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name Not Known

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name u

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Will Wright

(b) Address 1317 Rear Carr Street

17. (a) Burial (b) Date thereof July 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal Und Co.

(b) Address 2726 Lucas Ave

19. (a) 11 1941 (b) J. P. Bredek
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis, Mo. (b) County 23

(c) City or town 1317 Rear Carr Street
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1941 hour 11:35 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Brain

Due to Brain

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

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)

(a) Means of injury _____

23. Signature J. P. Bredek (M. D. or other) 3

Address 1317 Rear Carr Street Date signed 7/11/41

1234567

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 Arthur L. Helliar

Licensed Embalmer No. 4221

P. O. Address 22649 Delmar

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, fact should be so stated above.