

Registration District No. 791

Primary Registration District No.

Registrar's No. 6093

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:
4319 Kennerly
(If not in hospital or institution, write street number or location)

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

In this community 5.0 years!
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4319 Kennerly
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name (country)..... 0

3. (a) PRINT FULL NAME Sallie Wright

3. (b) If veteran, name war.....

3. (c) Social Security No. none

4. Sex male 5. Color or race col 6. (g) Single, widowed, married divorced

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

7. Birth date of deceased. Feb 9 1856
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1941 hour 2:30 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.

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

85	5	15	hr. min.
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9. Birthplace..... Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation. Wagon Keeper

11. Industry or business. at home

12. Name Walt Krumm

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

14. Maiden name Susan Miles

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

16. (a) Informant Frank Wilson

(b) Address 4331 Aldine

17. (a) Burial (b) Date thereof 7-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director. W. Harrison

(b) Address 2906 Lawton

19. (a) JUL 26 1941 (b) J. W. Fredericks
(Not received local registrar) (Registrar's signature)

Immediate cause of death.....

Arterio Sclerosis

Due to..... Cardiac Hypertrophy

Due to.....

Other conditions..... (include pregnancy within months of death)

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?.....

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

23. Signature Alfred Perry (M. D. or other) 3

Address Lehigh Avenue Date signed 7/25/41

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

2970

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.....*James H. Harrison*.....

Licensed Embalmer No. *760*.....

P. O. Address *7906 Lawton*.....

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.