No. 2
1-13-40
-17-39

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. 26752

FILED SEP 17 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6544

1. PLACE OF DEATH:

(a) County: FILED SEP 17 1941

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

(c) Name of hospital or institution: Homer G Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)

In this community: 47 years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St Louis (If outside city or town limits, write "RURAL") 21

(d) Street No.: 3108 Easton (If rural, give location)

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

3. (a) PRINT FULL NAME: James Wright

3. (b) If veteran, name war: no

3. (c) Social Security No.: None

4. Sex: Male 2

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Ida Wright

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: Dec. (Month) 12 (Day) 1873 (Year)

8. AGE: Years 67 | Months 7 | Days 23 | If less than one day: hr. min.

9. Birthplace: Louisville Ky. (City, town, or county) 1 (State or foreign country)

10. Usual occupation: Nil.

11. Industry or business:

MOTHER FATHER

12. Name: Monroe Wright.

13. Birthplace: Louisville Ky. (City, town, or county) 1 (State or foreign country)

14. Maiden name: ?

15. Birthplace: Louisville Ky (City, town, or county) 1 (State or foreign country)

16. (a) Informant: Ida Wright

(b) Address: 3108 Easton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 11 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cem.

18. (a) Signature of funeral director: Wm. Mc Dowell

(b) Address: 1711 N. Taylor Ave

19. (a) AUG 11 1941 (Date received local registrar) (b) J. F. Gredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 5 year: 1941 hour: 6:45 minute: P M.

21. I hereby certify that I attended the deceased from July 28, 1941, to August 5, 1941; that I last saw him alive on August 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease Prob	5 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: J. W. Johnson (M. D. or other) 1

Address: 2601 N Whittier Date signed: 8-6-41

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address .....

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

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