S. No. 2
I—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILLED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30479

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7818

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

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:
3125a Hadley St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. 26 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3125a Hadley St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David F. Wright.

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

3. (c) Social Security No. 497-07-1287

4. Sex Male. 0

5. Color or race White. 3

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 30 1916.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	24	10	29	hr. min.

9. Birthplace Webster Groves, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Cattle Warsher.

11. Industry or business

FATHER
12. Name David P. Wright.
13. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Selma Cromer.
15. Birthplace Webster Groves, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Selma Baro.
(b) Address 3125a Hadley St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-41.
(Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) SEP 30 1941 (Date received local registrar) (b) J. V. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1941. hour 3 minute 40 A M.

21. I hereby certify that I attended the deceased from 9-25-41
19 to 9-28- 1941
that I last saw him alive on 9-27- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	?
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 Albert Kaplan (M. D. ~~or other~~)
Address 634 N. Grand Date signed 9-29-4

(Licensed Embalmer's Statement on Reverse Side)

Dr Kaplan Jr, 5586
Mo Theater Bldg.
4-To 8 P.m.

OCT 7 1949

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.