No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942 291

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5160

State File No. 1504

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

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: Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 47 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 000 17

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

(d) Street No. 1736 Waverly Pl.
(If rural, give location)

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

3. (a) PRINT FULL NAME Hazel Edith 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 Albert H. Wright

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased January (Month) 2 (Day) 1908 (Year)

8. AGE: Years 34 | Months 1 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Henry Heitland

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

14. Maiden name Hilla Heller

15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Albert H. Wright

(b) Address 1736 Waverly Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 18, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Chulick Und. Co

(b) Address 1722 So. Jefferson Ave.

19. (a) FEB 18 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1942 hour 8 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from April 1941 ....., 19.., to Feb 16, 1942 that I last saw her alive on Feb 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Carcinoma of uterus

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy 1) General pelvic carcinomatosis 2) R. Hydronephrosis

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature William H. Wright (M. D. or other) .....

Address 330 Metropolitan Bldg Date signed .....

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....J. E. Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....Maplewood.....

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

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