

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42127**

FILED JAN 15 1943
District No. **109**

Primary Registration District No. **109**

Registrar's No. **2794**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Maplewood**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2031 Big Bend Rd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Maplewood**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2031 Big Bend Rd.**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **PERCY CHARLES WRIGHT**

3. (b) If veteran, name war **NO**
 3. (c) Social Security No. **489-05-5434**

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nellie Crafer Wright**
 6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **7 15 1880**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	5	18	hr. min.

9. Birthplace **London, England**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **McGuay Norris Mfg. Co.**

12. Name **James Wright**

13. Birthplace **Unknown, England**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown, England**
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown, England**
(City, town, or county) (State or foreign country)

16. (a) Informant **ma. Philip Wright**
 (b) Address **2031 Big Bend Rd.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-31-1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Alexander T. Sons**
 (b) Address **6175 Delmarth Blvd.**

19. **DEC 31 1942** (Date received local registrar) (b) **S. Max L...** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **28** year **1942** hour **6** minute **P** M.

21. I hereby certify that I attended the deceased from **July 7th** 1941, to **Dec 28** 1942, that I last saw him alive on **Dec 28** 1942 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **30 m**

Due to **myocarditis** **24-**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **0**

23. Signature **K. F. Black** (M. D. or other)

Address **3720 W. Washington** Date signed **12/29/42**

Duration

30 m

24-

PHYSICIAN

Underline the cause to which death should be charged statistically.

H. H. B.

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W. K. F. Glaze, New 2826
3720 Washington Ave.

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 W. K. F. Glaze

Licensed Embalmer No. 2460

P. O. Address 6175 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.