

FILED JUN 19 1943  
Registration District No. 318

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 5369

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:  
2633 CHOUTEAU AV. REAR  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME JOHN CARSON WRIGHT

3. (b) If veteran, name war. NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife MAGGIE WRIGHT 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ 1864 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
ABOUT 79 hr min.

9. Birthplace. MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation. NIL

11. Industry or business \_\_\_\_\_

12. Name. UNK. WRIGHT

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

14. Maiden name. UNKNOWN

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

16. (a) Informant. Mr. Chas. Cochran

(b) Address. 2633 Chouteau av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof. JUNE 12-43 (Month) (Day) (Year)

(c) Place: burial or cremation. ST. MATTHEWS CEM.

18. (a) Signature of funeral director. E. J. Schmur

(b) Address. 3125 Lafayette av.

19. (a) JUN 11 1943 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

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. 2633 CHOUTEAU AV. REAR (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1943 hour 9 minute 15 AM

21. I hereby certify that I attended the deceased from May 22 1943 to June 10 1943  
that I last saw him alive on June 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Prostate

Due to \_\_\_\_\_  
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 \_\_\_\_\_  
Signature. H. G. Napp (M. D. or other)  
Address. 727 S. 8th Date signed June 11 43

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

0  
7  
9

MOTHER FATHER

Duration  
Underline the cause to which death should be charged statistically.

**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.....

*No Embalming*

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

working under my personal supervision.

Signed.....

*Joseph B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address.....

**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.**