S. No. 2
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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. 4542

FILED JAN 31 1944

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 182

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Berdell Hills
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5333 Coulton Dr.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis 91

(c) City or town Berdell Hills
(If outside city or town limits, write "RURAL")

(d) Street No. 5333 Coulton Dr.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Leo S. Wright

3. (b) If veteran, name war ____ 3. (c) Social Security No. None

4. Sex Male 0 — 5. Color or race W — 6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Irene — 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. (Month) 6th. (Day) 1877 (Year)

8. AGE: Years 66 — Months 1 — Days 17 — If less than one day ____ hr. ____ min.

9. Birthplace Oceola, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired Physician

11. Industry or business ____

FATHER
12. Name Nathaniel P. Wright
13. Birthplace ____ (City, town, or county) Ky. (State or foreign country) 1

MOTHER
14. Maiden name Mariette Shelton
15. Birthplace ____ (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant R. B. Morrow
(b) Address 5333 Coulton Dr.

17. (a) Shipout (Burial, cremation, or removal) (b) Date thereof 1-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) JAN 25 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1944 hour 7.15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 20, 1944, to Jan 23, 1944 that I last saw him alive on Jan 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver — Duration several mo

Due to ____

Due to ____

Other conditions Myocarditis chr
(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? ____ Means of injury ____

23. Signature C. E. Gilliland (M. D. or other) MD
Address Mo. Theatre Bldg. Date signed 1/23/44

(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 me, Registered Apprentice No. , working under my personal supervision.

Signed A. A. Smethers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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.