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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26710

FILED AUG 25 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7217

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: ~~Homes Hometh~~ c/s 2129a Lucas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 0
(If outside city or town limits, write "RURAL") 21

(d) Street No. 2129a Lucas
(If rural, give location)

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

If yes, name country None 0

3. (a) PRINT FULL NAME ~~ESSIE~~ LIZZY WRIGHT.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE.

4. Sex FEMALE

5. Color or race COLORED

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife WILLIAM WRIGHT.

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased AUGUST (Month) 5 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	0	12	hr. min.

9. Birthplace ARTHUR MISSISSIPPI 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK.

11. Industry or business NONE.

FATHER
12. Name UNK PIGUES.
13. Birthplace MISS. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN.
15. Birthplace MISSISSIPPI 1
(City, town, or county) (State or foreign country)

Cert. by off. B.V. Co. Table

16. (a) Informant William Wright.
(b) Address 2129a Lucas

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 21 1944 (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Boyd Bros. Funeral Cemetery Home

(b) Address 3704 Finney Ave.

19. (a) AUG 18 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day ~~17th~~ 17th
year 1944 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from June 14, 1944, to August 17th, 1944
that I last saw her alive on August 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency — Duration 6 hours

Due to

Due to 92

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 J. T. Aldrich 0 (M. D. or other)

Address 2605 A Fonkeim Date signed 8-17-44

(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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.

State File No. [illegible]

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7217

On this 16th day of October, 1944, before me appears Mr. Boyd (Funeral Director), who, upon his oath, states that the original record of ~~birth~~ death for Lizzy Wright, died ~~born~~ August 17th, 1944, in the State of Missouri, and which was filed at St. Louis, Mo. on 8-18-44, 19..., should be corrected as follows:

Item No. 3a should read Lizzy Wright

Instead of Essie Wright

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant E. Boyd Fun. Director
Relationship.

3744 Finney
Present Address

Subscribed and sworn to before me this 16 day of October, 1944

My Commission expires My Commission Expires March 4, [illegible] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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