

FILED NOV 22 1944 318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County ST LOUIS
 (b) City or town ST LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3245 Lafayette
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether
 In this community 5 weeks
 years, months or days)

3. (a) PRINT FULL NAME Albie Wright
3. (b) If veteran, name war NO **3. (c) Social Security** No. NO

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married,** divorced MARRIED
6. (b) Name of husband or wife Charles P. Wright **6. (c) Age of husband** 75 years
7. Birth date of deceased Jan 19 1882
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Housewife

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant C. P. Wright

(b) Address 3245 LAFAYETTE AVE

17. (a) REMOVAL (Burial, cremation, or removal) **(b) Date thereof** 11-15-1944
 (Month) (Day) (Year)

(c) Place: burial or cremation CAPE GIRADEAU MO

18. (a) Signature of funeral director Norman Funeral

(b) Address Home Cape Girardeau MO

19. (a) NOV 15 1944 (Date received local registrar) **(b) J. F. Medeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURY (b) County 1
 (c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 4
 (d) Street No. 1224 South ELLIS AVE (If rural, give location) NR
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
 year 1944 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Oct 14 1944 to Nov 15 1944

that I last saw her alive on Nov 8 1944
 and that death occurred on the date and hour stated above

Immediate cause of death Coronary Regeneration Duration _____

(Compensation) _____

Due to _____

Due to _____

Other conditions Femoral thrombosis _____
 (Include pregnancy within 3 months of death)

Major findings: Of operations none **PHYSICIAN** _____

Of autopsy none 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? _____

While at work? _____ (Specify type of place) **(e) Means of injury** _____

23. Signature W. J. Salisbury (M. D. _____)

Address 3258 Lafayette Date signed Nov 15 44

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.....

Ronald Yahnke
.....
Licensed Embalmer No. *3917*
.....

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.