

FILED DEC 29 1944

State File No.

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **10895**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **10 days**
70 yrs. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5929 Bartmer Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Caroline Wright**

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

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**

6. (b) Name of husband or wife **Clement F. Wright** 6. (c) Age of husband or wife if alive **Unk. Unk. 1854** years

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years **abt -90** Months **Unk.** Days **Unk.** If less than one day hr. min.

9. Birthplace **Ind. V** (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **John Mattler**

13. Birthplace **Alsace Loraene** (City, town, or county) (State or foreign country)

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

15. Birthplace **Alsace Loraene** (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Mayme A. Wright**

(b) Address **5929 Bartmer Ave.**

17. (a) **Burial** (b) Date thereof **12-22-44** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Ellis S. Lipitt**

(b) Address **3840 Lindell Blvd.**

19. (a) **DEC 21 1944** (b) **J. J. Bredebeck** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **20th** year **1944** hour **5:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **12/10/44** to **Dec. 20th 1944**
that I last saw **her** alive on **Dec. 20th 1944** and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Bronchopneumonia

Due to.....

Due to.....

Senile psychosis - simple delirium

Other conditions (Include pregnancy within 3 months of death)

Arteriosclerotic heart disease

Major findings: Of operations.....

Of autopsy.....

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? (y) Means of injury.....

23. Signature **Ellis S. Lipitt** (M. D. or other)

1515 Lafayette Date signed **12/21/44**

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

MOTHER FATHER

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. H. Mantrac

Licensed Embalmer No. 2885

P. O. Address 1340 Lafayette

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.