S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1945

22767

State File No. 5995

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

1. PLACE OF DEATH:
(a) County St Louis Mo
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOMER G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town St Louis (If outside city or town limits, write "RURAL")
Street No. 3641 Finney Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Wright

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie

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

7. Birth date of deceased 4 (Month) – 10 (Day) – 1904 (Year)

8. AGE: Years 41 Months 2 Days 27 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
12. Name Wright
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Mattie Wright
(b) Address 3641 Finney Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. C. Lewis
(b) Address 2200 Lucille Cemetery Grounds

19. (a) JUL 10 1945 (Date received local registrar) (b) J. F. Bleeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1945 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death (Duration)
External hemorrhage following stab wound of heart following altercation on Market Street between and Leon Oval Pleasant Grounds. 6:45 P.M. July 6th 1945. While being taken to the hospital from Curtis Maine Bunford on or at the home of Curtis Jackson
Contributory causes (Include pregnancy within 3 months of death) Could not be determined

Major findings:
Of operations 168
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) Open Verdict
(b) Date of occurrence July 6 1945
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fight Public street (Specify type of place)
While at work (e) Means of injury a club

23. Signature Patrick E Boyle (M. D. or other)
Address Date signed 7/10/45

(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, ~~and by~~ .....

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

working under my personal supervision.

Signed. J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address. Webster Groves

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.