

FILED NOV 10 1945
318

Registration District No. _____

Primary Registration District No. _____

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:
520. So. Jefferson Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (22) Yrs. (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Will Wright

3. (b) If veteran, name war NO 3. (c) Social Security No. 499-03-9286

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lizzie Wright 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 15 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace West Point Miss. /
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Fireman

11. Industry or business Laundry

12. Name Jimmie Wright

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

14. Maiden name Lizzie Burdett
(City, town, or county) (State or foreign country)

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

16. (a) Informant Pauline Wilson

(b) Address 520. So. Jefferson Ave

17. (a) Burial (b) Date thereof 11 5 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director C. Johnson

(b) Address 2812 Thomas Street.

19. (a) NOV 3 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. Louis
(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 520. So. Jefferson Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28th year 1945 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Sept 12 1945
that I last saw him alive on Oct 27 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Jaundice
Due to _____

Other conditions 127
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 J. F. Bredeck (M. D. or other) _____
Address 302 1/2 Jefferson Date signed 10/29/45

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

20
17
9

000
22
17
9
0

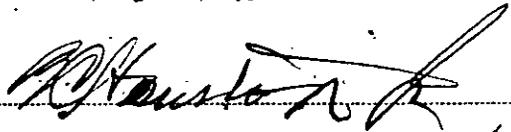
Duration
16 days
10 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....



Licensed Embalmer No. 2266

P. O. Address 2812 Thomas St

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.