No. 2
1—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

33105

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

#52457

FILED FEB 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1124

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 717

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-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-3-46 to 1-21-46 (Specify whether)
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ord
(c) City or town St Louis 2017
(If outside city or town limits, write "RURAL")
(d) Street No. 2620 St Louis 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME LYDIA FRANCES WRIGHT

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife CARL

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

7. Birth date of deceased Oct (Month) 10 (Day) 1879 (Year)

8. AGE: Years 66 Months 3 Days 11 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name CHRIST-HERTWIG
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

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

16. (a) Informant Amino Hertwig
(b) Address 5746 Wilton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 24 46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Guy Phillips
(b) Address 2738 Lindell

19. (a) JAN 22 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21st year 1946 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from 1/3/46, 19 to 1/21/46, 19; that I last saw her alive on 1/21/46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malnutrition	3 Mos
Due to: ~~Possible~~ Carcinoma, site unknown ??	
Due to:	
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 John L. Hemmer (M. D. or other) M.D.
Address 1515 Lafayette Date signed 1/24/46

(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.....

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

working under my personal supervision.

Signed.....M. G. Burger.....

Licensed Embalmer No.....2029.....

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.