V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26234

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6497

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8910 Dora Avenue 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Martha Elizabeth Wright
3. (b) If veteran, name war ---------- 3. (c) Social Security No. ----------
4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ---------- 6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased Feb. (Month) 23, (Day) 1947 (Year)

8. AGE: Years 0 Months 4 Days 9 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation ----------
11. Industry or business ----------

FATHER
12. Name Lewis P. Wright
13. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Catherine Masters
15. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Lewis P. Wright
(b) Address 8910 Dora Ave., Normandy, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cem., Kirkwood, Mo.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.
19. (a) JUL 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1947 hour 5 minute 30 P 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 Atelectasis Bilateral Due to Aspiration of Milk Gurney Feeding at home
Due to 8910 Dora St Normandy Mo on July 2 1947 at about 8:30 P.M.
Due to
Other conditions (Include pregnancy within 3 months of death) 195E
Major findings: Of operations
Of autopsy 19

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) Accident 96
(b) Date of occurrence July 2 1947
(c) Where did injury occur? Normandy Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury to above 3
23. Signature Patrick E. Taylor (M. D. or other) Dep Cor
Address 1300 Clark Date signed 7-9-47

(Licensed Embalmer's Statement on Reverse Side)

2679

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.....Rex Campbell.....

Licensed Embalmer No.....3881.....

P. O. Address.....4355 Washington Ave

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.