FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3275

FILED JAN 22 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 389

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 Mo. Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5423 Claxton Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James A. Wright

3. (b) If veteran, name war None

3. (c) Social Security No. 335010-4667A

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florence Wright

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 6, 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 6 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

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

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

16. (a) Informant Florence Wright

(b) Address 5423 Claxton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/48 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) JAN 13 1948 (Date received local registrar) J. F. Bradeck (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th year 1948 hour 11:30 AM minute M.

21. I hereby certify that I attended the deceased from 1/7/48 1/7, 1948 to 1/12, 1948 that I last saw him alive on 1/12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arrested

Due to Cardio & Asphyxia, rural disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Not performed

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 [signature] (M. D. or other)

Address 634 N. Grand Date signed 1/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Wilfred H. Buckholz, Registered Apprentice No. 1 working under my personal supervision.

Signed Wilford G. Birsley

Licensed Embalmer No. 4792

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.