S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6111

Registrar's No. 1565

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

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)

In this community 1 Month & 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6

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

(d) Street No. 2209 Montgomery St.
(If rural, give location)

(e) Citizen of foreign country? 20 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edwina Pauline Bright

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased January 11th 1948
(Month) (Day) (Year)

8. AGE: Years | Months 1 | Days 3 | If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Edward T. Bright
13. Birthplace Ill (City, town, or county) (State or foreign country)

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

16. (a) Informant Edward T. Bright
(b) Address 2209 Montgomery St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) FEB 16 1948 (Date received local registrar) (b) J. F. Bruneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th year 1948 hour 6:05 AM. minute M.

21. I hereby certify that I attended the deceased from 1-11-48, 19, to 2-14-48, 19; that I last saw her alive on 2-13-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastro-enteritis	26 days
Due to	
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 Walter H. Spoineman (M.D. or other)
Address 1506a St. Louis Date signed 2-14-48

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Av

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.