S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14813

FILED APR 30 1948 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3646

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community

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. 5222 Schollmeyer
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret May Wright
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles G. Wright
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 15, 1899 (Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 1 If less than one day hr. min.
9. Birthplace North Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Telephone Operator
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Chas. G. Wright
(b) Address 5222 Schollmeyer
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Pk
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) APR 16 1948 (Date received local registrar) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1948 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 8, 1948, to April 16, 1948, that I last saw her alive on April 16, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Inanition and premature senility-Starvation
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy As above

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 F R Bradley (M. D.)
Address Barnes Hospital, Date signed 4/16/48

Jefferson City Printing Co. (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 J. Wm. Buckley

Licensed Embalmer No. 3653

P. O. Address St Louis, Mo

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.