

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 4324

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(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
(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 Mo. (b) County St. Louis
(c) City or town Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No. Summit Dr. R. R. #1
Memorial RR (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RONALD WRIGHT
3. (b) If veteran, name war 3. (c) Social Security No.
4. Sex Male 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. 25, 1948
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 5th
year 1948 hour 4 minute 55 P. M.
21. I hereby certify that I attended the deceased from 4/23/48
19 .. to May 5th 19 48
that I last saw him alive on May 5th 19 48
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
		<u>2</u>	<u>10</u>	hr. min.

Immediate cause of death
Diarrhea of undetermined origin
Due to
Due to
Other conditions (include pregnancy within 3 months of death)
117

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Geo. A. Wright
13. Birthplace Coble, Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Wife Mae Lowe
15. Birthplace Iowa
(City, town, or county) (State or foreign country)
16. (a) Informant Geo. A. Wright
(b) Address Valley Park, Mo.
17. (a) Burial (b) Date thereof 5/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) MAY 8 1948 J. F. Bruneau
(Date received local registrar) (Registrar's signature)

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?
While at work? (Specify type of place) (a) Means of injury
23. Signature B. S. Keller (M. D. or other) 5/6/48
Address 1515 Lafayette Date signed

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

MOTHER FATHER

433A

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.....
This Body Not Embalmed
working under my personal supervision. *Deceased's License No.*

Notice ↑

Signed *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.