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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38825
State File No. 9718

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
504 Lake Avenue., /
(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)

3. (a) PRINT FULL NAME Maude E. Wright
3. (b) If veteran, name war No 3. (c) Social Security No. None

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 June 26 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Sparta Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher.

11. Industry or business _____

MOTHER FATHER { 12. Name James M. Wright
13. Birthplace Sparta Illinois /
(City, town, or county) (State or foreign country)

{ 14. Maiden name Annie Wehrheim
15. Birthplace Preston Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Lida W. Hackman
(b) Address 504 Lake Avenue

17. (a) Removal (b) Date thereof 11/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sparta, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 8 1948 J. B. Ladd
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 504 Lake Avenue.,
(If rural, give location)
(e) Citizen of foreign country? 12 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8
year 1948 hour 7 minutes 35 a. m.

21. I hereby certify that I attended the deceased from Nov. 7, 1948, to Nov 8, 1948;
that I last saw her alive on Nov 7, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular bleeding Duration 1 day
Due to Hypertension 3-4 yrs.

Due to _____
Other conditions _____
(Include pregnancy within 8 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? U

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. M. Clark (M. D. or other) MD
Address 3720 Washing Date signed 11-8-48

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.