

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22204

State File No.

FILED JUL 7 1949

BIRTH NO. _____ REG. DIST. NO. 327 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1440

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 40 days		d. STREET ADDRESS (If rural, give location) 18 South 22nd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Tim		b. (Middle) _____ c. (Last) WRIGHT	
4. DATE OF DEATH (Month) (Day) (Year) June 9 1949			
5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 9, 1893
9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Macon, Georgia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Essex Wright		13b. MOTHER'S MAIDEN NAME Molly Butch	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War-I		16. SOCIAL SECURITY NO. 490-16-3719	
17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar		ADDRESS Vet. Adm. Hosp. Jeff. Brks. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS 2. CIRRHOSIS OF LIVER ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Primary site unknown. II. OTHER SIGNIFICANT CONDITIONS 552. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
INTERVAL BETWEEN ONSET AND DEATH Unknown			
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1949-8	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____	
22. I hereby certify that I attended the deceased from May 31, 1949 , to June 9, 1, 1949 , that I last saw the deceased alive on June 9, 1949 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chadwick H. Arnold, M.D., Prof. Services		23b. ADDRESS Vet. Adm. Hosp. Jeff. Brks. Mo.	23c. DATE SIGNED 6/11/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
DATE REC'D BY LOCAL REG. 6-18-49	REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GATES FUNERAL HOME, St. Louis, Mo.	

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed John R Cunningham

Signed
Student Embalmer:

Licensed Embalmer No. 4472

P. O. Address 4107 Finney Avenue

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.