

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35719**
3108

BIRTH NO. **109300-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 1712		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, MO		c. LENGTH OF STAY (in this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Johns Hospital			d. STREET ADDRESS (If rural, give location) 18 2739 Rutger Street		
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) R.	c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) Oct. 17 - 1949	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 11, 1949	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months 13
IF UNDER 24 HRS. Days 47	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Mr. George E. Wright		13b. MOTHER'S MAIDEN NAME VIVIAN PHELPS		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME George Wright - 2739 Rutger Str.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGENITAL HEART DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 157			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7544			
22. I hereby certify that I attended the deceased from 10 - 11 - 1949 , to 10 - 17 - 1949 , that I last saw the deceased alive on 10 - 17 - 1949 , and that death occurred at 4:10 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE R. J. Morrison M.D.		(Degree or title)	23b. ADDRESS 1801 Theatre Bldg. St. Louis, Mo.		23c. DATE SIGNED Oct 18 - 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 18 - 1949	24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEWS Cem.	24d. LOCATION (City, town, or county) (State) ST. LOUIS - MISSOURI		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 19 1949 J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Fun. Serv. 2301 Lafayette		ADDRESS		

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W Cooper* _____

Licensed Embalmer No. *3839* _____

P. O. Address *2301 Lafayette* _____

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.