

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 3507

00047

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 00047	
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>2119</i>			
b. CITY OR TOWN <i>Jennings</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 11 TOWN <i>St. Louis</i>		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Edms Conduccut Home</i>				Bd. STREET ADDRESS (If rural, give location) <i>H-638 Kennedy Av.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Thomas</i>			b. (Middle) <i>Henderson</i>		c. (Last) <i>Wright</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 6, 1949.</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Dec. 28, 1868.</i>	9. AGE (In years last birthday) <i>81</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>8</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hatmaking Engineer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pennesseet</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Unknown</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Sarah Elizabeth</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Anna Brown 2570 McLaren</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Cardiovascular disease</i>				<i>5 years</i>	
		DUE TO (c)				<i>42-3-11</i>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)			
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?			
22. I hereby certify that I attended the deceased from <i>July 26, 1949</i> , to <i>Jan 6, 1950</i> , that I last saw the deceased alive on <i>Jan 5, 1950</i> , and that death occurred at <i>12:30 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Lewes Littmann M.D.</i>				23b. ADDRESS <i>8231 Clayton Rd.</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 9, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Matthews</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>	
DATE REC'D BY LOCAL REG. <i>1-7-50</i>		REGISTRAR'S SIGNATURE <i>Herbert R. Donke, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Bull-Campbell Mortuary</i>		ADDRESS <i>4215 Lindbergh St.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

40004

**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

*Rex C Campbell*

Licensed Embalmer No. *3881*

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.