

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11308  
2084

State File No. 11308  
Registrar's No. 2084

FILED MAR 16 1950

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		7109			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4412 Labadie</b>				d. STREET ADDRESS (If rural, give location) <b>10- 4412 Labadie</b>					
3. NAME OF DECEASED (Type or Print) <b>Roy</b>			a. (First) _____		b. (Middle) <b>A</b>		c. (Last) <b>Wright</b>		
4. DATE OF DEATH <b>March 3 1950</b>		(Month) _____		(Day) _____		(Year) _____			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug 25 1894</b>			
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 MIN. Hours _____			
10a. USUAL OCCUPATION (Give kind of work denaturing most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing Dealer</b>			11. BIRTHPLACE (State or foreign country) <b>Lawery City Mo.</b>			
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>									
13a. FATHER'S NAME <b>Henry Wright</b>			13b. MOTHER'S MAIDEN NAME <b>Hazel Phoebe</b>			14. NAME OF HUSBAND OR WIFE <b>Lottie Wright</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		(If yes, give year or dates of service) <b>#1</b>		16. SOCIAL SECURITY NO. <b>490-20-7462</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lottie Wright</b>			
17. ADDRESS <b>4412 Labadie Ave</b>									
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Larynx</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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.									
19a. DATE OF OPERATION <b>10/10/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Inoperable</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>16TX</b> (STATE) _____					
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>Oct 10, 1949</b> to <b>Mar 3, 1950</b> , that I last saw the deceased alive on <b>Mar 3, 1950</b> , and that death occurred at <b>6.45 pm</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Wes E. Rubenstein, M.D.</b> (Degree or title)				23b. ADDRESS <b>4114 E. Easton</b>		23c. DATE SIGNED <b>8/3/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>March 4 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jonesboro Ark</b>			
DATE REC'D BY LOCAL <b>MAR 4 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Bosata</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark</b> ADDRESS <b>1125 Hodiamont Ave</b>					

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

Dr. Rubenstein

4114 a Easton Ave

Ft 6484

**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 *Alfred J. Boedeker* .....

Licensed Embalmer No. *2663* .....

P. O. Address *1125 Heddenwood* .....

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.