No. 300
10.48

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

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22164

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5163

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 218 ?
d. STREET ADDRESS (If rural, give location): 4540 Parkview 0

3. NAME OF DECEASED (Type or Print)
a. (First): Hubert
b. (Middle): H.
c. (Last): Wright

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: Oct. 5, 1885
9. AGE (In years last birthday): 64 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Delivery man
10b. KIND OF BUSINESS OR INDUSTRY: Printing Co
11. BIRTHPLACE (State or foreign country): Pittsburgh, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: James F. Wright
13b. MOTHER'S MAIDEN NAME: Willie Etta Armstrong
14. NAME OF HUSBAND OR WIFE: Ruby Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): nil
16. SOCIAL SECURITY NO.: 489-01-8928
17. INFORMANT'S SIGNATURE OR NAME: Mrs. B. Chesterfield
ADDRESS: Paducah, Ky.

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis
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
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4351

22. *I hereby certify that I attended the deceased from* June 9, 1950, *to* June 10, 1950, *that I last saw the deceased alive on* June 10, 1950, *and that death occurred at* 11:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Julius Elson, M.D.
23b. ADDRESS: University Club Building
23c. DATE SIGNED: June 12

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-13-50
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Paducah, Kentucky

DATE REC'D BY LOCAL REG. JUN 12 1950
REGISTRAR'S SIGNATURE: J. B. Lanter

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Albert H. Hoppe-4700 Washington Blvd

(Licensed Embalmer's Statement on Reverse Side)

Memo

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed J. Wm Berkeley

Signed.....
Student Embalmer

Licensed Embalmer No. 3653

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.