

FILED OCT 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34481

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 181

1. PLACE OF DEATH  
 a. COUNTY **St. Charles**  
 b. CITY (If outside corporate limits, write RURAL and give town OR TOWN **St. Charles** c. LENGTH OF STAY (in this place) **15 Mo.**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **524 South Main Street**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **St. Charles**  
 c. CITY (If outside corporate limits, write RURAL and give township) **St. Charles**  
 d. STREET ADDRESS (If rural, give location) **524 South Main Street**

3. NAME OF DECEASED  
 a. (First) **CLIFFORD** b. (Middle) **N** c. (Last) **WRIGHT**  
 4. DATE OF DEATH (Month) (Day) (Year) **10 16 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married** 8. DATE OF BIRTH **February 8, 1891** 9. AGE (In years last birthday) **59** 10 UNDER 1 YEAR Months **59** 11 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 **Farm Laborer** 11. BIRTHPLACE (State or foreign country) **Mine La Motte Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **John Wright** 13b. MOTHER'S MAIDEN NAME **Mary E. Smith** 14. NAME OF HUSBAND OR WIFE **-----**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **---** 17. INFORMANT'S SIGNATURE OR NAME **Tony Wright** ADDRESS **St. Louis, Mo.**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*(a) **Jury's Verdict-**  
 ANTECEDENT CAUSES **Coronary Thrombosis**  
 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 \_\_\_\_\_ 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **held inquest**

22. I hereby certify that I attended the deceased from **Oct. 16, 1950**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Merrin Murchay Corone** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **Wentzville Mo** 23c. DATE SIGNED **10-16-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10-19-1950** 24c. NAME OF CEMETERY OR CREMATORY **Mine La Motte** 24d. LOCATION (City, town, or county) (State) **Mine La Motte, Mo.**

DATE REC'D BY LOCAL REG. **10-16-50** REGISTRAR'S SIGNATURE **Francis Hamilton** 25. FUNERAL DIRECTOR'S SIGNATURE **H. C. Dallmeyer & Sons Co.** ADDRESS **ST. Charles, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 21 1950

RECEIVED

DIRECT

1950

MAR 2 1958

SEP 5 1958

OCT 6 1952

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 4189

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Joseph F. Landolt  
Licensed Embalmer No. 4189

P. O. Address St. Charles 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.