

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2655

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Lawn</u>	
c. LENGTH OF STAY (in this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>2164 Overlea, Hillside</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Homer</u>	a. (First) <u>D</u>	b. (Middle) <u>Wright</u>	c. (Last) <u>SR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 2 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-25-81</u>	9. AGE (In years last birthday) Months Days <u>68 69</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cedar Rapids, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>
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13a. FATHER'S NAME <u>Jacob Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Varner</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Wright</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-03-3311</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marv E. Wright</u>	ADDRESS <u>2164 Overlea Ave</u>
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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) <u>Pulmonary embolism</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic pneumonia (bronchial obstruction)</u>		
	DUE TO (c) <u>Postoperative ileus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchiectasis</u>			578X

19a. DATE OF OPERATION <u>10-20-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Partial Resection of Sigmoid - Gastrotomy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10/19, 1950, to 11/2, 1950, that I last saw the deceased alive on 11/2, 1950, and that death occurred at 3:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. R. D. Os</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>2325 Brown Rd. St. Louis</u>	23c. DATE SIGNED <u>11/2/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 4 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-3-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. Clark</u>	ADDRESS <u>1125 Hodiament Ave</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Elmo R. Cadwell

Licensed Embalmer No. 4077

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.