No. 300
10-48

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 39201

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10023

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

**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): Peoples Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2114
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3009 Madison

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

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 22, 1950

**5. SEX**: Male 2

**6. COLOR OR RACE**: Colored

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: March 6, 1899

**9. AGE** (In years last birthday): 51 — IF UNDER 1 YEAR: Months 8, Days 16 — IF 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**: Frisco R. R.

**11. BIRTHPLACE** (State or foreign country): Newport, Arkansas

**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.

**13a. FATHER'S NAME**: William Wright

**13b. MOTHER'S MAIDEN NAME**: Anna Hamilton

**14. NAME OF HUSBAND OR WIFE**: Caroline Wright

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: 715-10-4231

**17. INFORMANT'S SIGNATURE OR NAME**: Josie Hawthorne — ADDRESS: 4033 Cook Ave.

**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): Adenocarcinoma of Pancreas with metastases to liver — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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.*: Diabetes Mellitus — 2 years (?)

**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?** 157X

22. *I hereby certify that I attended the deceased from* 11-17, 1950, *to* 11-22, 1950, *that I last saw the deceased alive on* 11-21-, 1950, *and that death occurred at* 3:10 a m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): F. Manganaro M.D.

**23b. ADDRESS**: 508 N. GRAND

**23c. DATE SIGNED**: 11-26-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 11-27-50

**24c. NAME OF CEMETERY OR CREMATORY**: Washington Park Cemetery

**24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

**DATE REC'D BY LOCAL REG.**: NOV 26 1950

**REGISTRAR'S SIGNATURE**: [signature]

**25. FUNERAL DIRECTOR'S SIGNATURE**: E. B. Boance — ADDRESS: 1221 N. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

## 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 [illegible]

Signed.....
Student Embalmer

Licensed Embalmer No. 475 5

P. O. Address 1221 N [illegible]

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

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