

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39202

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9900</b>					
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>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town or city) <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>27 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			d. STREET ADDRESS (If rural, give location) <b>418 S. Jefferson Avenue</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>				3. NAME OF DECEASED a. (First) <b>Lillie</b>				b. (Middle) <b>B.</b>			
				c. (Last) <b>Wright</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11/17/50</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>1883</b>		9. AGE (In years last birthday) <b>Abt. 67</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Dyersburg, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Church Berkley</b>			13b. MOTHER'S MAIDEN NAME <b>Ann Broadas</b>			14. NAME OF HUSBAND OR WIFE <b>George H. Wright</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Eddie Mae Gant</b>				ADDRESS <b>2216 Brooklyn K.C. Mo</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>Hypertensive Cardiac renal disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>			
				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 _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		(STATE) _____	
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? <b>HHTX</b>					
22. I hereby certify that I attended the deceased from <b>11/3/50</b> , 19 <b>50</b> , to <b>11/17</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>11/12</b> , 19 <b>50</b> , and that death occurred at <b>12:2</b> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>D. H. Wood M.D.</b>					23b. ADDRESS <b>4448a Easton Avenue</b>			23c. DATE SIGNED <b>11/21/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/22/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>NOV 21 1950</b>			REGISTRAR'S SIGNATURE <b>J. B. Foster</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. J. Gates</b>					
						ADDRESS <b>4107 Finney Avenue</b>					

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*John R. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.