No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39309

FILED DEC 2 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 2777

4007

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

1. PLACE OF DEATH 706 West Big Bend Rd
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Webster Groves
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) 706 W. Big Bend Rd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 57 Webster Groves 4577
d. STREET ADDRESS (If rural, give location) 706 W. Big Bend Rd

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) BROWNLEE c. (Last) WRIGHT

4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 1950

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED

8. DATE OF BIRTH 9-14-1869

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 2 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY Nil

11. BIRTHPLACE (State or foreign country) SCOTTLAND 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ROBERT TAYLOR

13b. MOTHER'S MAIDEN NAME BROWNLEE

14. NAME OF HUSBAND OR WIFE ANDREW 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. _____

17. INFORMANT'S SIGNATURE OR NAME A. B. Wright ADDRESS 206 Elm Glendale

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) Myocarditis Chronic. — INTERVAL BETWEEN ONSET AND DEATH 1947

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — Years
DUE TO (c) Nephritis. — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cardiac Decompensation — 2 yrs 2 wks
Uremia.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION no. 443X

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? 443X

22. *I hereby certify that I attended the deceased from* 11/7 about 1947, *to* 11/17, 1950, *that I last saw the deceased alive on* 11/16, 1950, *and that death occurred at* 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE A Victor Reese (Degree or title) M.D. 0

23b. ADDRESS 120 E Lockwood Webster Groves Mo

23c. DATE SIGNED 11/19/50

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

24b. DATE Nov 20 1950

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) St Louis (State)

DATE REC'D BY LOCAL REG. 11/20/50

REGISTRAR'S SIGNATURE Herbert R Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE Guy Mullen ADDRESS 5041 Delmar

(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J. Allen Hoover

Licensed Embalmer No. 4053

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.