

FILED MAY 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. 14937
Registrar's No. 3815

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2657 Delmar</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Noah</u> b. (Middle) _____ c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 19 51</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-7-1867</u>
9. AGE (In years last birthday) <u>84</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>New Orleans Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13a. FATHER'S NAME <u>Nara Wright</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Bobee Wright Delmar</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Spanish-American</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bobee Wright 2657 Delmar</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension, Degenerative heart disease</u> Cerebral Thrombosis Antecedent causes: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUO TO (b) <u>Undet.</u> DUO TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>443X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-6-51</u> , 19 <u>51</u> , to <u>4-19-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-19-51</u> , 19 <u>51</u> , and that death occurred at <u>6:20 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Alvin Thompson</u>		23b. ADDRESS (Degree or title) <u>M. D. 2601 N. Whittier</u>	
23c. DATE SIGNED <u>4-20-51</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Parishes Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson Funeral Home 2649 Delmar Blvd</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 23 1951</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

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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 Arthur J. K. K. K.

Signed.....
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 17110 - 5th Ave. N.E.

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.