

FILED FEB 8 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44261

State File No. ....

No. 300

10-48

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| BIRTH NO. ....   |  | REG. DIST. NO. <u>317</u>   |  | PRIMARY REG. DIST. NO. <u>3063</u>  |  | Registrar's No. <u>4166</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST LOUIS</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>CLAYTON</u>   |  | c. LENGTH OF STAY (In this place)<br><u>9 Days</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>55 TOWN Maple Wood</u>                                     |  | <u>4504</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>ST. LOUIS CO. HOSPITAL</u>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>3019 Dorset</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>ABNEY</u>  |  | b. (Middle)   |  | c. (Last) <u>WRIGHT</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 30 1951</u>                        |  |
| 5. SEX <u>M</u>  |  | 6. COLOR OR RACE <u>NEgro</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>NEVER MARRIED</u>  |  | 8. DATE OF BIRTH<br><u>2/17/1892</u>  |  |
| 9. AGE (In years last birthday) <u>59</u>  |  | IF UNDER 1 YEAR<br>Months   |  | IF UNDER 1 YEAR<br>Days   |  | IF UNDER 1 HR.<br>Hours   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)<br><u>Taxider</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country)<br><u>ST CHARLES MO</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>US</u>   |  |
| 13a. FATHER'S NAME<br><u>John Wright</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>HANNA BOWLES</u>  |  | 14. NAME OF HUSBAND OR WIFE   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Luella Anderson</u>   |  | ADDRESS<br><u>17 Allen St</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                    |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>L2 tract infection</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>multiple perineal fistula</u><br>DUE TO (c) <u>lympho-granuloma venereum</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>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)<br><u>037X</u>  |  |   |  |
| 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?  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>12-22-1951</u> , to <u>12-30-1951</u> , that I last saw the deceased alive on <u>12-30-1951</u> , and that death occurred at <u>11<sup>55</sup> a.m.</u> , from the causes and on the date stated above. |  |   |  |   |  |   |  |
| 23a. SIGNATURE<br><u>William L. Thompson</u>   |  |   |  | 23b. ADDRESS<br><u>6015 Brentwood Clayton, Mo.</u>  |  | 23c. DATE SIGNED<br><u>12-31-51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE<br><u>1/5/52</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Father Jackson</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>St Louis MO</u>                 |  |
| DATE REC'D BY LOCAL REG.<br><u>JAN 3 1952</u>  |  | REGISTRAR'S SIGNATURE<br><u>Hubert P. Bonke MD</u>  |  | 25. UNERAL DIRECTOR'S SIGNATURE<br><u>Swair C Lewis</u>   |  | ADDRESS<br><u>22 Euclid</u>   |  |

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.....

*Daniel W. Hughes*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4802*

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.