

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

10786
2480

State File No.
Registrar's No.

FILED MAR 29 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> 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>I</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>568 North 18th Str</u>	
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3. NAME OF DECEASED a. (First) <u>Albert</u> b. (Middle) <u>Wright</u> c. (Last) <u>Wright</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>March 14th 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 3rd 1905</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Marsh E.J. Engrng CO.</u>	11. BIRTHPLACE (State or foreign country) <u>Milton Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Pearl Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Ayers</u>	14. NAME OF HUSBAND OR WIFE <u>Norma Wright</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War # 2</u>	16. SOCIAL SECURITY NO. <u>278-03-1984</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Ryan</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardium following</u> DUE TO (c) <u>Ruptured Aorta</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>H51X</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph M. ...</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>3/15/52</u>
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24a. BURIAL, CREMATION, REMOVAL	24b. DATE <u>March 15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dodg't Grove Cem't</u>	24d. LOCATION (City, town, or county) (State) <u>Mattoon Illinois</u>
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DATE REC'D BY LOCAL REG. <u>MAR 15 1952</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo W. Brickley, E. St. Louis Ill</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

JUL 21 1952

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ben J. Baldwin

Licensed Embalmer No. 2470

P. O. Address East Haven

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.