

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22845**  
Registrar's No. **5153**

FILED JUN 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>23</b>		d. STREET ADDRESS (If rural, give location) <b>2646a Geyer Ave.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>			

3. NAME OF DECEASED a. (First) <b>Juanita</b>		b. (Middle) <b>M.</b>		c. (Last) <b>Wright (Smith)</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 3, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>June 12, 1926</b>	9. AGE (In years last birthday) <b>25</b>	# UNDER 1 YEAR Months	# UNDER 1 Mth. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Amer. Can Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Paragould, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Verd Wright</b>	13b. MOTHER'S MAIDEN NAME <b>Ella Mason</b>	14. NAME OF HUSBAND OR WIFE <b>Jack</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>305-22-9014</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Louise Miller</b> ADDRESS <b>5315 Cabanna Ave.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fr of skull; Brain Injury, suffered in collision between car operated by deceased and car operated by one Walter Kemmer at intersection of Geyer and Quincy streets about 1040 pm June 2 1952</b>		
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Accident on</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE OR HOMICIDE <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 2 52 10p</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E8164</b>

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 **6:51** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Patrick L. Douglas Coroner</b>	23b. ADDRESS <b>31300 Clark</b>	23c. DATE SIGNED <b>6/5/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-7-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		

DATE REC'D BY LOCAL REG. <b>JUN 5 1952</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington Blvd</b>
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(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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. Wilkinson

Licensed Embalmer No. 3575

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.