.S. No. 300
ev. 10.48

3

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

FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33437

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8416

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis
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): Enroute to Homer Phillips Hos.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2229
d. STREET ADDRESS (If rural, give location): 2326 Walnut St.

3. NAME OF DECEASED (Type or Print): a. (First) Joe b. (Middle) Collins c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): Aug. 31, 1952

5. SEX: Male

6. COLOR OR RACE: Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 1, 1921

9. AGE (In years last birthday): 31 — If under 1 year: Months 3, Days 30 — If under 24 hrs.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Rudin Distribg Co

11. BIRTHPLACE (City and State or Foreign Country): Mobile Ala.

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: John Wright

13b. MOTHER'S MAIDEN NAME: Maggie Lovelee

14. NAME OF HUSBAND OR WIFE: Daisyy Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME: Daisyy Wright ADDRESS: 756 St. Louis St. Mobile, Ala

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) Hemorrhage from

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Bullet Wound of the Heart

DUE TO (c) Liver and Abdominal Aorta

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Shooting when robbed While Sitting in the Parlor of my Apartment Over a Saloon at the home at 2326 Walnut St. about 6:37 P.M. Aug 31st 1952

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Saloon

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-31-1952 (?)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Sugar E981X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19____, that I last saw the deceased alive on* Aug. 31, 19 52, *and that death occurred at* 6:37 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 3

23b. ADDRESS: 820 Clark Ave.

23c. DATE SIGNED: 9/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9/8/52

24c. NAME OF CEMETERY OR CREMATORY: Georgiana, Ala

24d. LOCATION (City, town, or county) (State): Georgiana, Ala.

DATE REC'D BY LOCAL REG. SEP 8 1952

REGISTRAR'S SIGNATURE: J Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wright Funeral Home 3100 Easton Ave.

(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 Arthur L. Heilliard

Licensed Embalmer, No. 4291

P. O. Address 4524 Aldene

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.