

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45267**  
Registrar's No. **8178**

FILED SEP 24 1953

REG. DIST. NO. **318**

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

2009

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

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) OR TOWN <b>Saint Louis</b>		c. CITY OR TOWN <b>Saint Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4326 Page Blvd</b>		e. STREET ADDRESS (If rural, give location) <b>4326 Page Boulevard</b>	
3. NAME OF DECEASED a. (First) <b>A N N I E</b> b. (Middle) <b>N O B L E</b> c. (Last) <b>W R I G H T</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 1952</b>	
5. SEX <b>Female</b> <sup>3</sup>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3 December 1928</b>
9. AGE (In years last birthday) <b>23 7</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Waitress</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Covington, Tenn</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13. FATHER'S NAME <b>Charlie Overhall</b>	
13b. MOTHER'S MAIDEN NAME <b>Callie Palmer</b>		14. NAME OF HUSBAND OR WIFE <b>Leroy Wright</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Abraham Benson, Burlison, Tenn</b>		ADDRESS	
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 <b>Cause of death undetermined. Deceased was found buried in basement of home at 4326 Page about 6:44 p.m. Aug. 11th 1953 having been killed and buried in some manner at the hands of one Clyde Wilson, exact time unknown in August 25th 1952</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Homicide</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>See above</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>See above</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>See above</b>		<b>E983X</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 <b>6:49 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Joseph M. Benson</b>		23b. ADDRESS <b>1300 Clair</b>	
23c. DATE SIGNED <b>8/24/53</b>		24. LOCATION (City, town, or county) (State) <b>Lemay, Mo</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>24 Aug 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay, Mo</b>	
DATE REC'D BY LOCAL REG. <b>AUG 24 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyd Bros, Kinloch 21, Mo.</b>		ADDRESS	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edward A. Flynn*.....

Licensed Embalmer No. 4444  
4548a Page Blvd  
P. O. Address St. Louis 13, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.