

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20085

State File No.

4855

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital					
e. STREET ADDRESS (If rural, give location) 2249 632 Lynch Street					

3. NAME OF DECEASED (Type or Print) CLARA		a. (First) W.		b. (Middle)		c. (Last) WRIGHT		4. DATE OF DEATH (Month) (Day) (Year) MAY 12, 1953		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH July 14, 1905		9. AGE (In years last birthday) 47		10. IF UNDER 1 YEAR Months		11. IF UNDER 2 HRS. Hours		12. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home				11. BIRTHPLACE (City and State or Foreign Country) St. Clair Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Wm. Henderson				13b. MOTHER'S MAIDEN NAME Amy Jordan				14. NAME OF HUSBAND OR WIFE Robert V. Wright			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. 487-26-0424				17. INFORMANT'S SIGNATURE OR NAME Robert V. Wright				ADDRESS 632 Lynch St.			
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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) Pneumonic Heart Disease mitral insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Pneumonic Valvular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolism								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)	
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? 4214	

22. I hereby certify that I attended the deceased from **5-12-53**, 19___, to **5-12-53**, 19___, that I last saw the deceased alive on **5-12-53**, 19___, and that death occurred at **2:05P** m., from the causes and on the date stated above.

23a. SIGNATURE Albert E. Stock M.D. (Degree or title)				23b. ADDRESS 1515 Lafayette Avenue				23c. DATE SIGNED 5-13-53			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE REC'D BY LOCAL REG. MAY 13 1953		REGISTRAR'S SIGNATURE J. Paul Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderk		ADDRESS 3634 Gravois Ave.	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 1953

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.....
Signature of Student Embalmer

Signed..... *Robert Wheeler*

Licensed Embalmer No. *212*

P. O. Address *Louisiana*

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.