

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41417

State File No. ....

86128  
FILED DEC 10 1953

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11391**

1. PLACE OF DEATH a. COUNTY <u>                    </u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>                    </u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>13 5944 Scanlan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>"B"</u> b. (Middle) <u>                    </u> c. (Last) <u>Wright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 7, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>November 7, 1953</u>
9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>                    </u> Days <u>                    </u> IF UNDER 24 HRS. Hour <u>2</u> Min. <u>                    </u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>                    </u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Travis J. Wright</u>	

13b. MOTHER'S MAIDEN NAME <u>Clea Marie Arndt</u>		14. NAME OF HUSBAND OR WIFE <u>                    </u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>                    </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. T. J. Wright</u>		ADDRESS <u>5944 Scanlan</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>                    </u>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Respiratory failure</u> DUE TO (c) <u>Prematurity</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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

22. I hereby certify that I attended the deceased from November 7, 1953 to November 7, 1953, that I last saw the deceased alive on November 7, 1953, and that death occurred at 10<sup>00</sup> p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>4660 W. Maryland</u>		23c. DATE SIGNED <u>11-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>                    </u>		24b. DATE <u>12-31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		24e. LOCATION (City, town, or county) (State) <u>                    </u>		24f. LOCATION (City, town, or county) (State) <u>                    </u>	

DATE REC'D BY LOCAL REG. <u>DEC 2 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland-Aker Mortuary Service</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>                    </u>		ADDRESS <u>                    </u>	

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

5111

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.