

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41420**  
**11253**

FILED DEC 4 - 1953

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 <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>9 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Good Samaritan Home for the Aged</b>		d. STREET ADDRESS (If rural, give location) <b>4500 Washington Blvd.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LUCY</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>WRIGHT</b>	4. DATE OF DEATH <b>Nov. 27, 1953.</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Jan. 19, 1859</b>	9. AGE (In years last birthday) <b>94</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (State or foreign country) <b>St. Charles County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Wallace Wright</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Buxton</b>	14. NAME OF HUSBAND OR WIFE - - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Rev. F.J. Langhorst, Supt.</b>	ADDRESS <b>4500 Washington Blvd.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary fibrillation</b> ANTECEDENT CAUSES DUE TO (b) <b>arterio-sclerotic heart disease</b> OTHER SIGNIFICANT CONDITIONS DUE TO (c) <b>Fracture of left hip.</b>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis 4200 F.M.A.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10 14 53 10A m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fall on floor in Room</b>
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22. I hereby certify that I attended the deceased from **Oct 14, 1953**, to **Nov 27, 1953**, that I last saw the deceased alive on **Nov 19, 1953**, and that death occurred at **4:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>F. F. Bergman M.D.</b>	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>11/28/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/30/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>NOV 28 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz</b>	ADDRESS <b>4828 Natural Bridge Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2279

2129

120  
P. 33 a. m.  
O.C. by Dr. Perry - Mr. Corner

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Ralph E. Ferland.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4275

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.**