THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10647

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 754

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland

c. LENGTH OF STAY (In this place): 14 Yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3916 Geraldine Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: St. Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland 407 X

d. STREET ADDRESS (If rural, give location): 3916 Geraldine AVE.

3. NAME OF DECEASED (Type or Print)

a. (First): John

b. (Middle): M.

c. (Last): Wright

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1954

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: June 17, 1864

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___

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

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and State or Foreign Country): Chillicothe Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joshua Wright

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: The Late Mary E. Wright

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Dover J. Wright — ADDRESS: Robertson Mo.

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) Myocarditis (Chronic)

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4222

20. AUTOPSY? YES ☐ NO ☐

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) m.

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

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1954, *to* March 24, 1954, *that I last saw the deceased alive on* March 24, 1954, *and that death occurred at* 11:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Sterling MD

23b. ADDRESS: 2050 North & South Rd, St. Louis Mo.

23c. DATE SIGNED: 3-25-54

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

24b. DATE: March 27 1954

24c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 3/25/54

REGISTRAR'S SIGNATURE: Herbert R. Lomke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Collier's Funeral Home

ADDRESS: 1012 38th Chas. Rd.

(Licensed Embalmer) Statement on Reverse Side)

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

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 Sheldon Colle

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

* If this body is not embalmed, fact should be so stated above.