

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

FILED OCT 26 1954
 XC 1001 04 93
 REG. 3053 SL 2505

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36155
 State File No. 8209
 Registrar's No.

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 ILLINOIS b. COUNTY MADISON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 16 DAYS		c. CITY OR TOWN HIGHLAND		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP				e. STREET ADDRESS (If rural, give location) ROUTE 2A			
3. NAME OF DECEASED (Type or Print) a. (First) WILLARD		b. (Middle) EUGENE		c. (Last) WRIGHT		4. DATE OF DEATH (Month) (Day) (Year) 9-3-54	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11-7-24		9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY ELECTRICAL COMPANY		11. BIRTHPLACE (City and State or Foreign Country) MARINE, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME HENRY WRIGHT		13b. MOTHER'S MAIDEN NAME KATHERYN BLACK		14. NAME OF HUSBAND OR WIFE DOLORES WRIGHT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES		16. SOCIAL SECURITY NO. 318 20 7700		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MALIGNANT NEPHROSCLEROSIS WITH UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIOVASCULAR DISEASE				3 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442x			
22. I hereby certify that I attended the deceased from 8-18-54 , 19____, to 9-3-54 , 19____, and that death occurred at 2:20 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE Henry Westphaelinger (Degree or title) _____				23b. ADDRESS VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 9-3-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9-3-54		24c. NAME OF CEMETERY OR CREMATORY Highland, Ill.		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. SEP 7 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Boulanger F.H., Highland, Ill. ADDRESS _____			

3.P. (Licensed Embalmer's Statement on Reverse Side)

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 *W E Morris*.....

Licensed Embalmer No. *33*.....

P. O. Address *St Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.