

STANDARD CERTIFICATE OF DEATH

3264

State File No.

FILED JAN 18 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0045**

1. PLACE OF DEATH a. COUNTY 307 N. Cardinal			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 3 yrs.	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 807 N. Cardinal St.			STREET ADDRESS (If rural, give location) 21 3134 Bell Avenue 2219 0		
3. NAME OF DECEASED (Type or Print) a. (First) Curtis		b. (Middle) -	c. (Last) Wright		4. DATE OF DEATH (Month) (Day) (Year) 1 1 1955
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/27/1927		9. AGE (In years last birthday) 27
			IF UNDER 1 YEAR Months 5 Days 8 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Swift Packing Co.	11. BIRTHPLACE (City and State or Foreign Country) Tunica, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Andy Wright		13b. MOTHER'S MAIDEN NAME Viola Glad		14. NAME OF HUSBAND OR WIFE Mary Brown Wright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 425-56-6611	17. INFORMANT'S SIGNATURE OR NAME Viola Wright		ADDRESS 3134 Bell	
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) Gunshot wound of the heart ANTECEDENT CAUSES suffered when shot by one known as "Yancy Brown" in room of house at 807 North Cardinal Ave., about 1:35 am., January 1st, 1955 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Cardinal Ave., about 1:35 am., January 1st, 1955				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Homicide			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 807 N. Cardinal		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 981X Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 1 1 1955 12:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 140A m., from the causes and on the date stated above.					
23a. SIGNATURE James M. Kelly Deputy Coroner			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/4/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-5-55	24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL JAN 4 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D. Peoples		25. FUNERAL DIRECTOR'S SIGNATURE 3100 Franklin		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Mr. Claude Gardow*.....

Licensed Embalmer No. *348*

P. O. Address *4575 A*

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.