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

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3266

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0395

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): bARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ill.
b. COUNTY: Belleville
c. CITY OR TOWN: Belleville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 8120 8

3. NAME OF DECEASED (Type or Print)
a. (First): WILBUR
b. (Middle): JAMES
c. (Last): WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): January 13, 1955

5. SEX: Male 0

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Oct. 3 1909

9. AGE (In years last birthday): 45
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): Peter shoe Co.

10b. KIND OF BUSINESS OR INDUSTRY: Shoe Co.

11. BIRTHPLACE (City and State or Foreign Country): Belleville Ill.

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

13a. FATHER'S NAME: Edward Wright

13b. MOTHER'S MAIDEN NAME: Katherine Wurtz

14. NAME OF HUSBAND OR WIFE: Violet Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): War no. 2

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME: Violet Smith
ADDRESS: Belleville ILL.

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) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr. +

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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?

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22. *I hereby certify that I attended the deceased from* 1-10- *, 19* 55 *, to* 1-13- *, 19* 55 *, that I last saw the deceased alive on* 1-13- 1955 *, and that death occurred at* 8:30 Pm. *, from the causes and on the date stated above.*

23a. SIGNATURE C. Vermillion, M.D. (Degree or title) M. D.

23b. ADDRESS: BARNES HOSPITAL

23c. DATE SIGNED: 1-14-55

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

24b. DATE: Jan 14 1955

24c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery

24d. LOCATION (City, town, or county) (State): Belleville ILL.

DATE REC'D BY LOCAL REG.: JAN 14 1955

REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Gaerdnerr Belleville ILL.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

MJB

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ronald O Yahnke

Licensed Embalmer No. 39

P. O. Address St Louis

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