

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22675**

FILED JUL 18 1955

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **559** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MISSOURI	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 39 days		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 MT. VIEW CONV. HOME		e. STREET ADDRESS (If rural, give location) 4416 S. 38 St. 21-9	

3. NAME OF DECEASED (Type or Print)	a. (First) Adell	b. (Middle)	c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) 7 9 55
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH May 6 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Carlson Steffer	13b. MOTHER'S MAIDEN NAME Anna Conrad	14. NAME OF HUSBAND OR WIFE WILLIAM J. WRIGHT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME WILLIAM J. WRIGHT	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		INTERVAL BETWEEN ONSET AND DEATH about 1 year
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. 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 <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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **June 2, 1955**, to **July 9, 1955**, that I last saw the deceased alive on **July 8, 1955**, and that death occurred at **7:15am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. W. Darnell, M.D.	23b. ADDRESS 112 Mississippi Crystal City, Mo	23c. DATE SIGNED 7-9-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-11-55	24c. NAME OF CEMETERY OR CREMATORY Restlawn Cem. St. Louis Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 7-9-55	REGISTRAR'S SIGNATURE James C. Sigda	502	25. FUNERAL DIRECTOR'S SIGNATURE George W. Kropfhausen	ADDRESS 4228 S. Kingshighway
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

500
4

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 12 1955

JUL 12 1955

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 George W. Kriegshauser Jr., Student Embalmer No. 51 working under my personal supervision.

Student George W. Kriegshauser Jr.
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 42

P. O. Address 4228 S. Kings

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.