

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020567
State File No.

FILED MAY 19 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1274

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roberston, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roberston</u> <u>4000</u>	
c. LENGTH OF STAY (In this place) <u>7 MEN</u>		d. STREET ADDRESS (If rural, give location) <u>Fee Fee Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carter Nursery</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) _____ c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>7</u> <u>58</u>		
5. SEX <u>Female</u> <u>3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>4-10-1893</u>			9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ IF UNDER 1 YEAR Days _____ IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>UNKN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKN</u>		14. NAME OF HUSBAND OR WIFE <u>Deed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Verinel Cowington</u>	
				ADDRESS <u>10012 Meeks</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Brain Syndrome</u> <u>Rt Hemiplegia; Senile cecosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 mo</u> <u>10 days</u>	
		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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		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? _____	

22. I hereby certify that I attended the deceased from 9-28, 1958, to 5-7, 1958, that I last saw the deceased alive on 5-6, 1958, and that death occurred at 11:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Francis J. Alexander MD</u>		(Degree or title)		23b. ADDRESS <u>826 N. Channing St. St. Louis</u>	
23c. DATE SIGNED <u>5-9-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-12-58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo</u>			

DATE REC'D BY LOCAL REG. <u>5-10-58</u>		REGISTRAR'S SIGNATURE <u>Norbert P. Danke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis Fern Hara</u>	
				ADDRESS <u>22 Emerald</u>	

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 James G. Carter

Licensed Embalmer No. 4681

P. O. Address St. Louis Mo.

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