

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016094

STATE FILE NUMBER

FILED MAY 15 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1252

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, give TOWNSHIP only) <u>Clayton, Mo.</u>		Inside Limits OR TOWN <u>Clayton, Mo.</u>		c. CITY OR TOWN <u>Berkeley 4051</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County</u>			Length of stay in lb <u>HRS.</u>		d. STREET ADDRESS (If outside, give location) <u>8379 Courtney</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Melvin</u> Middle _____ Last <u>Wright</u>				4. DATE OF DEATH Month <u>May</u> Day <u>5</u> Year <u>1959</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>10 Sept. 1958</u>		
9. AGE (In years last birthday) <u>7</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u> Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Edward Wright</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Pauline Wright</u>		Address <u>8379 Courtney</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal Infection</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Constipation</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>5730</u>					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>5-4-59</u> to <u>5-5-59</u> and last saw ^{him} alive on <u>5-5-59</u> . Death occurred at <u>the</u> <u>AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>J. D. Orsey M.D.</u> (Degree or title)				22b. ADDRESS <u>387 1/2 Jefferson, Kinloch, Mo.</u>		22c. DATE SIGNED <u>5-6-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
<u>Burial</u>		<u>6 May 1959</u>	<u>Washington Park Cem.</u>		<u>St. Louis Co., Mo.</u>			
24. FUNERAL DIRECTOR <u>Boyd Bros.</u>			ADDRESS <u>Kinloch, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-6-59</u>		REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Henry Williams*

Licensed Embalmer No. *47*

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

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