

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 19 1959

210309

59-042746

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5871 Enright Ave.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First James Middle Harvey Last Wright				4. DATE OF DEATH Month November Day 8 Year 1959						
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/31/1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orderly			10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (City and state or country) Caruthersville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME John Wright			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE Florence				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Peacetime			16. SOCIAL SECURITY NO. 491-18-7035		17. INFORMANT Address Florence Wright, 5871 Enright Ave.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED CARCINOMATOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA OF URINARY BLADDER. 1810 DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH 2 Mo's.		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from Oct 16, 1959 to Nov 8, 1959 and last saw him alive on Nov. 7, 1959 Death occurred at 7:15 am on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Deceased or title) <i>Robert E. Smith, M.D.</i>				22b. ADDRESS 35 N. CENTRAL				22c. DATE SIGNED 11.9.59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-11-59		23c. NAME OF CEMETERY OR CREMATORY Local Cemetery			23d. LOCATION (City, town, or county) (State) Royalton, Ill.			
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. NOV 9 1959		26. REGISTRAR'S SIGNATURE <i>Robert Smith, M.D.</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

