

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047039

FILED JAN 11 1962 318

Primary Registration District No. 1003

Registrar's No. 12323

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>				Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4349 Moffit</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <i>4349 Moffit</i>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First Middle Last <i>John E. Wright</i>				<i>12-28-61</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>11-18-1901</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Minister - Baker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Specks store</i>		11. BIRTHPLACE (City and state or country) <i>Miss.</i>		9. AGE (last birthday) <i>60</i>	
13a. FATHER'S NAME <i>Walter Wright</i>		13b. MOTHER'S MAIDEN NAME <i>Lucy Jane</i>		14. NAME OF HUSBAND OR WIFE <i>Aquila Wright</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>				17. INFORMANT <i>Aquila Wright 4349 Moffit</i>		Address	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <i>Branch Pneumonia</i>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) <i>491X</i>			
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 <i>12-25-61</i> to <i>12-28-61</i> and last saw him alive on <i>12-28-61</i>				Death occurred at <i>11 AM his home</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. M. C. [Signature]</i>				(Degree or title)		22b. ADDRESS <i>822 N. W. &amp; F. F. [Signature]</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>1-2-62</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>	
24. FUNERAL DIRECTOR <i>J. M. C. [Signature]</i>				ADDRESS <i>4335 Washington</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 30 1961</i>	
				26. REGISTRAR'S SIGNATURE <i>Loan Smith. M.D.</i>			

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Jefferson W. Plender*

Licensed Embalmer No. 5072

P. O. Address 4530 Washington

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.