

S. No. 2
M-5-43
5-17-39
X3867

1123

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **937**

Registration District No. **318** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3304

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **9 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **Pleasant Hill, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **128 N. McKissack St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LOUIS WRIGHT**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **25th**
year **1946** hour **8** minute **45** A. M.

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **Feb. 14 1909**
(Month) (Day) (Year)

21. I hereby certify that I attended the decedent from **Jan 16 1946** to **Jan 25 1946**
that I last saw him alive on **Jan 25 1946**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
36 11 11 hr. min.

Immediate cause of death **Acute Nephritis**
Due to _____
Due to _____
Other conditions: **none**
(Include pregnancy within 3 months of death)

9. Birthplace **Tipton Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Teacher**

Major findings: _____
Of operations: _____
Of autopsy: **Nephritis - Acute**
myelomatous

MOTHER FATHER { 11. Industry or business _____
12. Name **Ernest Wright**
13. Birthplace **Brownville Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary E. Wea**
15. Birthplace **Tipton Mo.**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Mrs. America Ridley**
(b) Address **4350 Cote Brillante**
17. (a) **Removal** (b) Date thereof **1-28-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tipton, Mo.**
18. (a) Signature of funeral director **Chas. J. Gates**
(b) Address **4107 Finney Ave.**
19. (a) **JAN 28 1946** (Registrar's signature) _____
(Date received by registrar)

Duration **6 hours**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Thomas J. Gates, Registered Apprentice No.....

working under my personal supervision.

Signed..... *Thomas J. Gates*

Licensed Embalmer No. 4259

P. O. Address..... 4107 Finney Ave.

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.