

No. 2  
4-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9082  
Registrar's No. 2492

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County. St Louis  
(b) City or town. St Louis  
(c) Name of hospital or institution. BARNES HOSPITAL  
(d) Length of stay: In hospital or institution. 22 yrs  
In this community. 22 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. 21mo  
(c) City or town. St Louis  
(d) Street No. 809 N. Leffingwell  
(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME. Adolphus Cartwright  
(b) If veteran, name war. - (c) Social Security No. 493-05-5408

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month. March day 16 year. 1941 hour. 3:45 minute. 0 M.

4. Sex. Male 5. Color or race. Col 6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife. - 6. (c) Age of husband or wife if alive. - years

21. I hereby certify that I attended the deceased from February 24 1941, to March 16, 1941; that I last saw him alive on March 16, 1941; and that death occurred on the date and hour stated above.

7. Birth date of deceased. Dec 8 1918  
(Month) (Day) (Year)

Immediate cause of death. Tuberculous peritonitis

8. AGE: Years 22 Months 3 Days 8 If less than one day - hr. - min.

Due to Pulmonary Tuberculosis

9. Birthplace. St Louis (City, town, or county) 0 mo (State or foreign country)

Other conditions. fecal fistula post operative  
(Include pregnancy within 3 months of death)

10. Usual occupation. Porter

PHYSICIAN  
Major findings: -  
Of operations. -  
Of autopsy. -  
Underline the cause to which death should be charged statistically.

11. Industry or business -  
12. Name. Gus Cartwright  
13. Birthplace. Miss (City, town, or county) (State or foreign country)  
14. Maiden name. Pearl Ford  
15. Birthplace. Memphis Tenn (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. Gus Cartwright  
(b) Address. 809 N. Leffingwell  
17. (a) Burial (b) Date thereof. 3-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Washington Park  
18. (a) Signature of funeral director. J. H. Randleman  
(b) Address. 3133 Bell Ave  
19. (a) MAR 19 1941 (b) J. F. Bradey  
(Date received local registrar) (Registrar's signature)

23. Signature. F. R. Bradey (M. D. or other)  
Address. BARNES HOSPITAL Date signed. 3-16-41

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

MOTHER FATHER

0  
17  
9

28

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*S. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

**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.**