

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

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9092**

Registration District No. **291**

Primary Registration District No. **1003**

Registrar's No. **2502**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo**  
(b) City or town **St. Louis, Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **BARNES HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **24 days**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0.00**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **17**  
(d) Street No. **413 Enright**  
(If rural, give location) **9**  
(e) If foreign born, how long in U. S. A. ? **0** years.

3. (a) PRINT FULL NAME **William Thomas Cantrell**

3. (b) If veteran, name war **unknown** 3. (c) Social Security No. **unk**

4. Sex **M** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **unknown**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased **unknown**  
(Month) (Day) (Year)

8. AGE: Years **73** Months Days If less than one day hr. min.

9. Birthplace **1 Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

12. Name **Unknown**

13. Birthplace **unknown 9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dr. R. Bradley**

(b) Address **Barnes Hospital**

17. (a) **Burial** (b) Date thereof **3-10-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Cemetery**

18. (a) Signature of funeral director **Albert H. Hopper**  
(b) Address **4700 Washington**

19. (a) **MAR 19 1941** (b) **J. W. Bradley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **18**  
year **41** hour **2** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **2-21-1941** to **3-18-1941**  
that I last saw him alive on **March 18, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia, bacterial sinus thrombosis, cardiac failure**

Due to **Hypertension C.V. Disease, Atherosclerosis, Mult. Jct. Myeloma**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

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?  
(Specify type of place)

While at work? (e) Means of injury

23. Signature **William D. Rowland M.D.**  
**BARNES HOSPITAL**  
Address Date signed **3-19-41**

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

MOTHER FATHER

**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.....

*Guy W Wilkinson*

Licensed Embalmer No. ....

*357*

P. O. Address.....

**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.**