

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40557**

JAN 24 1942
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10311**

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

1. PLACE OF DEATH:

(a) County.....
(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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
in this community..... **10 years**
years, months or days)

3. (a) PRINT FULL NAME **Josie Cartwright**

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

4. Sex **Female** 5. Color **Colored** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife..... **Not Known** 6. (c) Age of husband or wife if alive..... years

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

8. AGE: Years **About 54** Months Days If less than one day hr. min.

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

10. Usual occupation..... **Housekeeper**

11. Industry or business.....

MOTHER FATHER { 12. Name **Not Known**

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

14. Maiden name **Not Known** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Rosa Young**

(b) Address **1430 A South 21st Street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec. 27 1941** (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peters Cemetery**

18. (a) Signature of funeral director **2726 Lucas Ave.**

(b) Address.....
19. (a) **DEC 27 1941** (Date received local registrar) **J. F. Brulek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **21**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **1430a N. 21st St.** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **21**, 19**41**
year..... hour **8** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **December**
21, 19**41**, to **December 21**, 19**41**
that I last saw him **alive** on **December 21**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Bronchopneumonia** Duration **3 days**

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations..... **107**

Of autopsy..... **107**

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?.....

While at work?..... (Specify type of place) (e) Means of injury..... **0**

23. Signature **W. E. St. Ford** (M. D. or other) Address **2601 W. Whittier** Date signed **12-23-41**

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 *Arthur R. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *2649th Delmar*

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.