

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32468

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2070		Registrar's No. 4008	
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MISSOURI b. COUNTY ST LOUIS)			
b. CITY (If outside corporate limits, write RURAL and give OR OR TOWN WEBSTER GROVES)		c. LENGTH OF STAY (in this place) 21		c. CITY (If outside corporate limits, write RURAL and give township) WEBSTER GROVES, MO.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 ALMENTOR PLACE				d. STREET ADDRESS (If rural, give location) 110 ALMENTOR PLACE			
3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) ANDREW (Last) CARTWRIGHT			4. DATE OF DEATH (Month) (Day) (Year) Sep 24 1949				
5. SEX MALE		6. COLOR OR RACE N		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Dec 7 - 1890	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY LABORER		11. BIRTHPLACE (State or foreign country) NASHVILLE TENN		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Josh Cartwright		13b. MOTHER'S MAIDEN NAME Frisville Tucker		14. NAME OF HUSBAND OR WIFE MARY CARTWRIGHT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or date of service)		16. SOCIAL SECURITY NO. 4951443321		17. INFORMANT'S SIGNATURE OR NAME Walter Cartwright ADDRESS 110 Almentor			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bilateral pulmonary emboli, with massive hemorrhagic infarcts of		DUE TO (b) both lungs.					69131
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					3
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E 936.1					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Field at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Webster Groves, St. Louis, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Undetermined m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Cutting corn in field at home - injured leg. 135			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Wmald J. Willmann (Degree or title) Coroner			23b. ADDRESS 3 Clayton, Mo.			23c. DATE SIGNED 9/27/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1 Oct 49		24c. NAME OF CEMETERY OR CREMATORY FATHER DIXSON KIRKWOOD		24d. LOCATION (City, town, or county) (State) MO	
DATE REC'D BY LOCAL REG. 9-27-49		REGISTRAR'S SIGNATURE Hubert B. ...		25. FUNERAL DIRECTOR'S SIGNATURE Wm. ... ADDRESS 1306 E. ...			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Frederic J. Gardner

Licensed Embalmer No. *4243*

P. O. Address *130 Eldridge St
Woburn Mass*

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.