

5. No. 300
EV. 10.48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18871

4055

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1311

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> <u>4326</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6515 Corbett Ave.</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIJAH</u> b. (Middle) <u>CARTLEDGE.</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 21, 1950.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 14, 1861.</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Moulder</u>	11. BIRTHPLACE (State or foreign country) <u>Manchester, England.</u> <u>4</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>? Cartledge</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	14. NAME OF HUSBAND OR WIFE <u>Annie Cartledge</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Agnes Miller, 6515 Corbett Ave.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular disease</u> <u>fracture of hip joint</u> <u>due to fall</u> DUE TO (b) <u>operated on for thrombolytic</u> <u>performed 3 days before death</u> DUE TO (c) _____ 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 <u>Thrombotic lesion</u> <u>902.7</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bus, etc.) <u>at home</u>	21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <u>Clayton 117 Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. HOW DID INJURY OCCUR? <u>fall out of bed</u>	
21f. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>5/18, 1950</u> , to <u>5/21, 1950</u> , that I last saw the deceased alive on <u>5/21, 1950</u> , and that death occurred at <u>3:30 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gene J. Pugh</u>		23b. ADDRESS <u>M403 6125 Burkman</u>	23c. DATE SIGNED <u>5/21/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 23, 1950.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-23-50</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Donke, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>		ADDRESS <u>1125 Hodiamont Ave.</u>	

Dr. Pierice Reilly,
6125A Bartment Ave.,

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alvin D. Sadwell.

Licensed Embalmer No. _____

P. O. Address St. Louis, Mo.

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.