

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24436

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis,** (No. **5975**) **Kates, Ave**

File No.

Registered No. **6580**

St. Ward)

2. FULL NAME

(a) Residence. No. **5875 Kates Ave. 5** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Wid, Cartwright

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov 3rd - 1856

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day,
73	8	4	hrs. or
			min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work. **at home.**
- (b) General nature of industry, business, or establishment in which employed (or employer).....
- (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iowa.

10. NAME OF FATHER

David White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Pa.

12. MAIDEN NAME OF MOTHER

Mary Crane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

N.Y.

14. INFORMANT

David B. White
(Address) **7152 Maryland Ave**

15. JUL - 8 1930
FILED..... 19.....

May J. Stanley
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 7 - 1930

17. I HEREBY CERTIFY, That I attended deceased from June 13th, 1930, to July 7th, 1930 (that I last saw her alive on July 5th, 1930, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

**Arterio-sclerosis
Chronic myocarditis
93C
82H**

(duration) **2** yrs. **4** mos. **ds.**

CONTRIBUTORY (SECONDARY)

Cerebral hemorrhage (duration) **1** ds.

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **Joseph David**, M.D.

July 8, 1930 (Address) **Century Bldg**
State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bellefontaine

7-9-1930

21. UNDERTAKER

ADDRESS **4449 Olive Street**

C.R. Kupton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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