

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

Do not use this space.

15169

**1. PLACE OF DEATH**

County ..... Registration District No. **701**  
 Township ..... Primary Registration District No. **1002**  
 City **St. Louis** (No. **5649 Cabanne ave.**) St. ..... Ward)

File No. ....  
 Registered No. **3697**

**2. FULL NAME**

**Hugh Francis Cartwright**

(a) Residence, No. **5649 Cabanne** St., **5** Ward. (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. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Stella R. Cartwright**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 11, 1877**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<b>55</b>	<b>10</b>	<b>11</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Manufacturer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Auto Bodies**

10. Date deceased last worked at this occupation (month and year) **July, 1928** 11. Total time (years) spent in this occupation **31**

12. BIRTHPLACE (CITY OR TOWN) **Collierville** (STATE OR COUNTRY) **Tenn**

13. NAME **Monroe G. Cartwright**

14. BIRTHPLACE (CITY OR TOWN) **Collierville** (STATE OR COUNTRY) **Tenn**

15. MAIDEN NAME **Laura Annette Cross**

16. BIRTHPLACE (CITY OR TOWN) **Collierville** (STATE OR COUNTRY) **Tenn**

17. INFORMANT **Stella R. Cartwright** (ADDRESS) **5649 Cabanne Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memmo Mo.** DATE **April 25<sup>th</sup> 1933**

19. UNDERTAKER **Magover Ind. Co** (ADDRESS) **West Olive, etc.**

20. FILED **FR 24 1933** **W. C. Standiford**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April - 22 - 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Nov - 25**, 19**31**, to **4/22**, 19**33**

Was seen alive on **4/22**, 19**33** Death is said

to have occurred on the date stated above, at **11** p.m.

The principal cause of death and related causes of importance were as follows:

**Lymphosarcoma** Date of onset **5/30**

Other contributory causes of importance:

Name of operation **Breopsy** Date of **1/25/31**

What test confirmed diagnosis? **"** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**

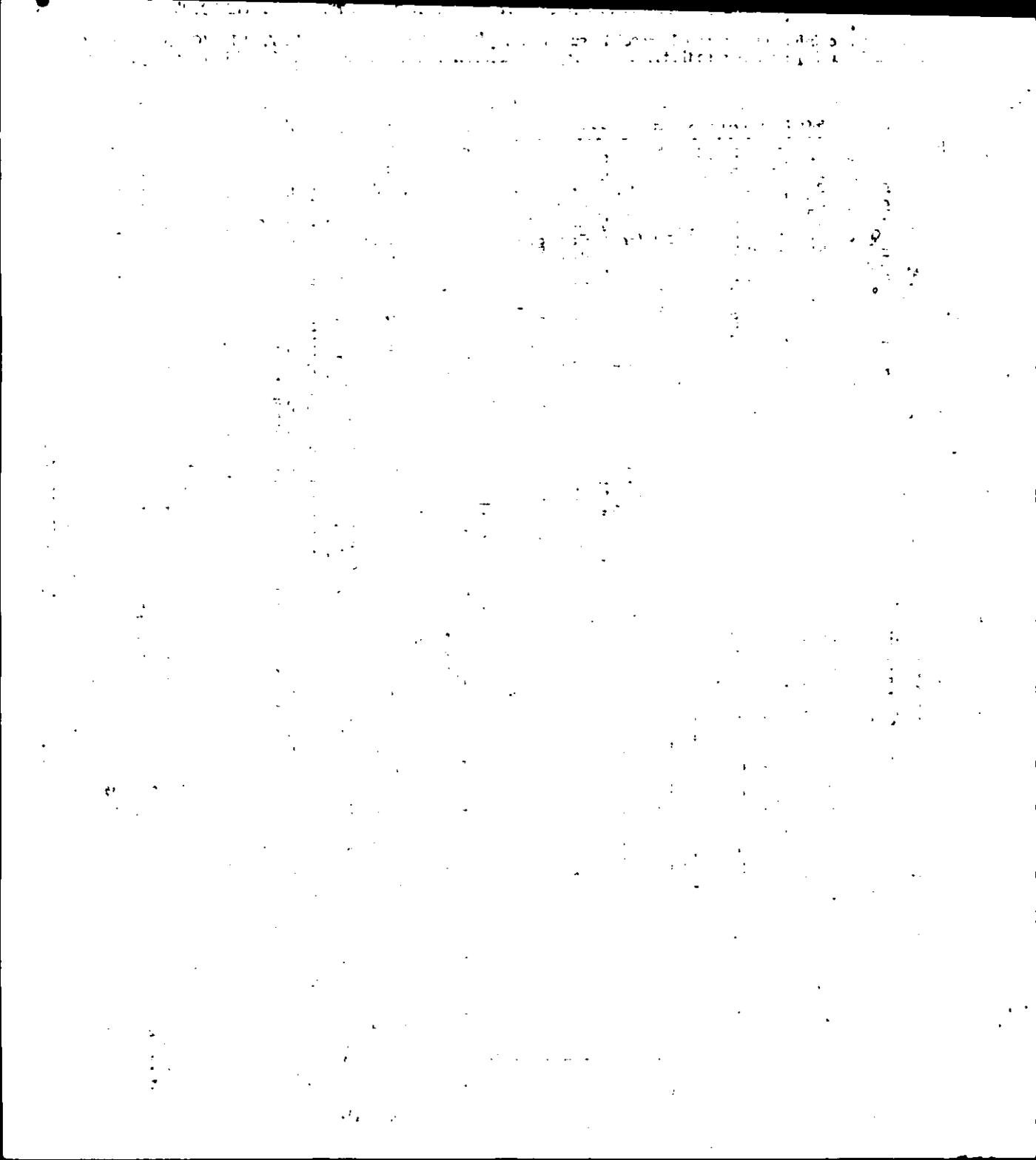
If so, specify (Signed) **James Barrett Brown, M. D.**

(Address) **400 Metropolitan Bldg**

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. .... St. .... Ward)

File No. ....  
Registered No. 3697

**2. FULL NAME**

Hugh Francis Bartwright  
(a) Residence, No. .... St. .... 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. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED JUN 20 1935

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22 1935

22. I HEREBY CERTIFY, that I attended deceased from .. to .., 19..

I last saw h..... alive on....., 19..... Death is said to have occurred on the .. stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Lymph Sarcoma Date of onset  
Primary seat the  
Cervical glands of neck

Other contributory causes of importance:

Name of operation 536 Date of ..

What test confirmed diagnosis? .. Was there an autopsy? ..

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .. Date of injury .., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased? ..

If so, specify .. (Signed) .., M. D.

(Address) ..

SUPPLEMENTARY

J. Bredeck  
Registrar.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

