

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

31108
 Do not use this space.

1. PLACE OF DEATH **DECD OCT 12 1938**

(a) County Registration District No. **1003**
 (b) Township Primary Registration District No. **1105a Russell**
 (c) City **St. Louis** (d) Street No. St. **1105a Russell**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **8545**

2. PRINT FULL NAME **Armelia Cartwright**
 (a) Residence, No. **1105a Russell Blvd** St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 **Widow of Arran**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 15, 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as 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) **Trenton Tennessee**

FATHER 13. NAME **Andrew Wallace**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Mary Jacks**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Marie Cartwright 1105a Russell**

18. BURIAL, CREMATION, OR REMOVAL to Union City PLACE **Tenn.** DATE **9/29/38** 19

19. FUNERAL DIRECTOR (ADDRESS) **A. W. McLaughlin 2301 Lafayette Ave**

20. FILED **SEP 29 1938** *J. J. Bredek* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/28/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **9/22** 19**38** to **9/28** 19**38**
 I last saw him alive on **9/28** 19**38**. Death is said to have occurred on the date stated above, at **9 P.M.**
 The principal cause of death and related causes of importance were as follows:

Ch. Nephritis
Anemia
 Date of onset

Other contributory causes of importance:
Anemia

Name of operation **None** Date of
 What test confirmed diagnosis **Physical Exam** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** 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) *J. J. Bredek* M. D.
 (Address) **2301 So Broadway**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, L. K. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed L. K. Cooper
Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)