

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 279191  
Registrar's No. 7496

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis MO</u>		17
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>4221 W. St, Ferdinand Ave</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tishie</u>		b. (Middle) _____	c. (Last) <u>Cartwright</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 26 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 16, 1885</u>	9. AGE (In years) (If under 1 year) (Specify) <u>64</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Madison Ala</u>		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME <u>West Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Selina Craft</u>		14. NAME OF HUSBAND OR WIFE <u>Dead</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Virginia Harding 1422 A Whittier</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right Breast, ulcerative,</u>  INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>  ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Malnutrition</u>				
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>50</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>170X</u>			
22. I hereby certify that I attended the deceased from <u>8-25</u> , 19 <u>49</u> , to <u>8-26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-26</u> , 19 <u>49</u> and that death occurred at <u>11 a</u> m., from the causes and on the date stated above.					
22a. SIGNATURE (Degree or title) <u>Montague Lawrence M. D. V.</u>			22b. ADDRESS <u>2601 N Whittier St</u>		22c. DATE SIGNED <u>8-26-49</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-30-49</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	23d. LOCATION (City, town, or county) (State) <u>9800. Natural Bridge</u>		
DATE REC'D BY LOCAL REG. <u>AUG 29 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman J. Smith 4247/w Labadie</u>		

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Lawrence E. Walden*

Licensed Embalmer No. *1341*

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.