

FILED JUN 9 1950

STANDARD CERTIFICATE OF DEATH

18052

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4831**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (in this place) <b>18 days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>4286 Washington</b>		
<b>3. NAME OF DECEASED</b> a. (First) <b>Nelly</b> b. (Middle) <b>Mae</b> c. (Last) <b>Cantwright</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 30, 1950</b>		
<b>5. SEX</b> <b>FF 3</b>	<b>6. COLOR OR RACE</b> <b>Col.</b>	<b>7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Apr. 17, 1910</b>	
<b>9. AGE</b> (In years last birthday) <b>40</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Holly Grove, Ont.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>James Crosland</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Laura Walker</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Ulysses Cantwright</b>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ulysses Cantwright</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Aplastic anemia</b> due to unknown cause  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 weeks</b>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>292.4</b>			
<b>22. I hereby certify that I attended the deceased from <u>May 12, 1950</u>, to <u>May 30, 1950</u>, that I last saw the deceased alive on <u>May 30, 1950</u>, and that death occurred at <u>6:22 p.m.</u>, from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> <b>F.R. Bradley</b>		<b>23b. ADDRESS</b> <b>Barnes Hosp.</b>	<b>23c. DATE SIGNED</b> <b>5/21/50</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>June 2, 1950</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Jefferson Barrade</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 1 1950</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. B. Sarater</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Wes. H. Bruce</b>	
<b>ADDRESS</b> <b>4286 Washington</b>		<b>ADDRESS</b> <b>4286 Washington</b>		

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed J. P. Stark

Signed .....  
Student Embalmer

Licensed Embalmer No. 4599

P. O. Address St. Louis

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.