

FILED MAR 13 1969

CERTIFICATE OF DEATH

124

69-008563

2423

DO NOT WRITE  
ON THIS STUB

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

VS 300  
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
DAVID S. CARTWRIGHT		Male	March 6, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	DATE OF BIRTH (MONTH, DAY, YEAR)
White		18	Feb. 12, 1951
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	COUNTY OF DEATH
St. Louis		DePaul Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Mo.		U.S.A.	Never Married
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
		Student	None
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	STREET AND NUMBER
Mo. St. Louis		Ferguson	30 Patricia Dr.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
Stanley B. Cartwright		Dorothy Gattermeir	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
Mr. Stanley B. Cartwright		30 Patricia Ave., Ferguson, Mo. 63135	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Ruptured aneurysm - Basilar & posterior communicating arteries			
(b) Due to, or as a consequence of:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) Yes
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH Yes			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR 3-5-69 TO 3-6-69	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 3-6-69	I DID/DID NOT VIEW THE BODY AFTER DEATH. (HOUR) 11:30p
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR
22b. CERTIFIER—NAME (TYPE OR PRINT):		SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)
Dr. Henry E. Lattinville		Henry E. Lattinville	3-7-69
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE
119 Church St.		Ferguson	Mo.
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
Removal	California City Cemetery	California	Mo.
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
March 10, 1969	White-Mullen, 118 N. Florissant Rd., Ferguson, Mo. 63135		
FUNERAL DIRECTOR—SIGNATURE	REGISTERED SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
White	Lois Smith, M.D.	MAR 7 1969	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

4. 59

6. 3F

OK  
Different  
Cert  
3-7-69

CAUSE

CERTIFIER

BURIAL

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Ronald L. Lahmann

Licensed Embalmer No. 3395

P. O. Address H. Laine 65134

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.