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.

APR 25 1934

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

Do not use this space.

10617

1. PLACE OF DEATH

County ..... Registration District No. 7991

Township ..... Primary Registration District No. 10093

City St Louis (No. 3014 Winnebago St. ..... Ward)

File No. 2437

Registered No. .....

2. FULL NAME Walter J Cadwell

(a) Residence, No. 3014 Winnebago St., 24 Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

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: Corinne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7, 1896

7. AGE: YEARS 37 | MONTHS 10 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Forbes Tea & Coffee Co

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): Quincy Ill

FATHER

13. NAME: John J Cadwell

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Corinne Cadwell 3014 Winnebago

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Lebanon DATE Mar 11, 1934

19. UNDERTAKER (ADDRESS): Astron Lt Uco 2707 N Grand Bl.

20. FILED 10 19 J S Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1934, to March 8, 1934

I last saw him alive on March 8, 1934. Death is said to have occurred on the date stated above, at 12 noon m.

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

	Date of onset
Bronchical	
Pneumonia	

Other contributory causes of importance:

Name of operation ..... 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) Frank J Smith M. D.

(Address) 3624 S Broadway

3-9-34