

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

JUL 14 1936

**791
1003**

File No. **24272**
Registered No. **5886**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City **St. Louis** (No. **3504 Alberta St.**)

2. FULL NAME **William R. Cardwell**

(a) Residence, No. **3504 Alberta St.** St. **15** Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Helen B. Cardwell**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 7, 1867.**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	69	6	27	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. automobile
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) **Franklin Co.** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Robert Cardwell.**

FATHER 14. BIRTHPLACE (CITY OR TOWN) **England.** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Elizabeth Neuer.**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) **England.** (STATE OR COUNTRY)

17. INFORMANT **Helen Cardwell** (ADDRESS) **3504 Alberta St.**

18. BURIAL, CREMATION, OR REMOVAL

SS. Peter and Paul Cem. June 8, 1936

19. UNDERTAKER **J. N. Gelpen, L. & Co.** (ADDRESS) **2842 Meramec St.**

20. FILED **JUN 7 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 11, 1936**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at **11:35 P. m.**

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

Chor. Myocarditis
Arterio Sclerosis
Other contributory causes of importance: **1/2**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **no**

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) **Harold J. Gelpen** M. D.

(Address) _____

