

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. DePaul Hospital)

File No. 14063  
Registered No. 3559  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Anne Elizabeth Cardwell

(a) Residence, No. 4606 A Cleveland Ave. St. 17 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Harry C. Cardwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
71 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
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) Illinois

13. NAME Isaac Daniels

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

15. MAIDEN NAME Elizabeth Fletcher

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

17. INFORMANT (ADDRESS) Mrs. Emma Johnson  
4606 A. Cleveland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville Ill. DATE 4-2 19 37

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries  
4228 So. Kingshighway

20. FILED APR 1 1937 Registrar J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31 19 37

22. I HEREBY CERTIFY That I attended deceased from Aug 17, 1936, to March 31, 1937  
I last saw her alive on May 30, 1937 Death is said to have occurred on the date stated above, at 2 A.M.  
The principal cause of death and related causes of importance were as follows:

Hypernephroma - Left Kidney  
Date of onset 5/2/37  
Other contributory causes of importance:

Name of operation None Date of.....  
What test confirmed diagnosis? X-Ray 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? no  
If so, specify.....  
(Signed) Henry A. Hassel M. D.  
(Address) 607 N. Grand St. B.P.

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.

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Dr. Wasset  
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