No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

RECD MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5552

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1800

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5830 Wise Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James H. Cadwallader
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose A. Cadwallader
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Aug. (Month) 22nd (Day) 1878 (Year)

8. AGE: Years 62 Months 6 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Maintainance Man
11. Industry or business
MOTHER FATHER
12. Name William Cadwallader
13. Birthplace (City, town, or county) Illinois (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Rose A. Cadwallader
(b) Address 5830 Wise Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) FEB 25 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th year 1941 hour 8:45 minute A.M.
21. I hereby certify that I attended the deceased from 2-20- 1941 to 2-25- 1941; that I last saw him alive on 2-24- 1941; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Thrombosis
Due to Chronic Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. S. Smith (M. D. or other)
Address 6006 Virginia Date signed 2-25-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. D.S. Pruett
6006 Virginia Ave. 1-2 P.M.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Reinhold T. Lehrmann

Licensed Embalmer No. 3395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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