

FILED MAR 6 1942 91

Registration District No.

Primary Registration District No.

100E

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5964 Wells Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALADINE A. CADWELL.

3. (b) If veteran. name war None 3. (c) Social Security No. 492-16-1976

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. September 23, 1920.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 4 6 hr. min.

9. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation Bottle Labeler

11. Industry or business Barton Mfg. Company.

12. Name Albert Cadwell.

13. Birthplace Ratheliff, Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Roth.

15. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Cadwell.

(b) Address 5964 Wells Ave.

17. (a) Burial (b) Date thereof. 2-2-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JAN 31 1942 (b) J. F. Bieder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th.
year 1942. hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: General Peritonitis - Pps Tube Retained Placental Tissue Due to Methy. Sph. Result of a Spontaneous or Induced Abortion. Could not be Determined.

Other conditions. (Include pregnancy within 3 months of death) 1410

Major findings: Of operations. 1410

Of autopsy. 1410

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence Unknown
(c) Where did injury occur? No Injury
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Unknown

(Specify type of place) While at work? _____ Means of injury _____

23. Signature Alfred Perry (M. D. or other) 2
Address Argus Brown Date signed 1/31/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

848 (Licensed Embalmer's Statement on Reverse Side)

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 3454

David C. Gibson

Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Eastwood St.

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