

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32128

Registration District No. **318** Primary Registration District No. **1003** State File No. \_\_\_\_\_ Registrar's No. **8724**

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

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:  
Missouri Baptist  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days  
(Specify whether years, months or days)

In this community 25 days

3. (a) PRINT FULL NAME Edith K. McArdle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Warren C. McArdle

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

7. Birth date of deceased Dec. 14th, 1902  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>9</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Beauty operator

11. Industry or business Own Business

MOTHER FATHER

12. Name George W. Thompson

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

14. Maiden name Sarah Kenny

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Virgie D. Rabline

(b) Address 612 W. 3rd, St. Alton, Ill.

17. (a) Alton, Bureau Date thereof Oct 11, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakgrove St Louis, Mo.

18. (a) Signature of funeral director Ben J. Statton

(b) Address 220 Court St. Alton, Illinois

19. (a) OCT 9 1945 (Date received final report)  
J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois. (b) County Madison 999

(c) City or town Alton  
(If outside city or town limits, write "RURAL")

(d) Street No. 612 E. 3rd, St.  
(If rural, give location) NR 11

(e) Citizen of foreign country? Yes or No 2

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th  
year 1945 hour 12:13 minute P.M.

21. I hereby certify that I attended the deceased from Sept 1st  
1945 to Oct 5th 1945  
that I last saw her alive on Oct 5th 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver. Primary

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: generalized Metastasis  
Of operations Resection of abdominal organs  
Of autopsy None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature John B. O'Neill (M. D. or other) \_\_\_\_\_  
Address 634 N. Grand Date signed 10/8/45

**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 *Selend Cunningham*

Licensed Embalmer No. *35142*

P. O. Address *Altus, Ill.*

**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.