S. No. 2
M—8-43
5-17-39
I. X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 1965

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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:
6013 Marquette Av. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

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. 6013 Marquette Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

000
14 17
9
0

3. (a) PRINT FULL NAME Mary Cardin

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife William J. Cardin

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

7. Birth date of deceased Sept. 25 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	1	hr. min.

9. Birthplace Chicago Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

FATHER
12. Name Unknown Brown
13. Birthplace Chicago Ill. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna Unknown
15. Birthplace Chicago Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Christmann
(b) Address 6013 Marquette Av.

17. (a) Burial (b) Date thereof 2-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director Witt Bros. L. & N. Co.
(b) Address 2929 S. Jefferson Av.

19. (a) FEB 27 1946 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 26
year 1946 hour 12 Noon minute _____ M.

21. I hereby certify that I attended the deceased from March 1, 1945 to Febr. 26, 1946
that I last saw her alive on Febr 26, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute dilatation of heart. Nephritis	2 weeks
Due to Chronic endocarditis	1 year
Due to Chronic nephritis	1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

121

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. I. Johnson (M. D. or ~~other~~) MD
Address 2801 Chippewa Date signed 2-26-46

(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 me

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

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson av

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.