

FILED APR 5 1946

318

Registration District No.

Primary Registration District No.

1005

Registrar's No. **2874**

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:
Childrens Hospital (Barnes Hosp Div
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Mo. 1 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Michael Edward Cantrell

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 Single

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

7. Birth date of deceased July 23, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 8 1 hr. min.

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

10. Usual occupation Baby

11. Industry or business

12. Name Edward D. Cantrell

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

14. Maiden name Lillian Schramm

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

16. (a) Informant Edward D. Cantrell

(b) Address 7045 Garesche Ave. St. Louis, Mo.

17. (a) Burial (b) Date thereof Mar. 28, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. 7045 Garesche Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24
year 46 hour 1 minute 35 PM.

21. I hereby certify that I attended the deceased from 3
11 1946 to 3-24- 1946
that I last saw him alive on 3-24- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic diarrhea
congenital liver

Due to
Due to

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

Major findings:
Of operations.....

Of autopsy.....

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 R. J. K. Hues (M. D. or other).....
Address M. M. Humphrey Date signed.....

9890

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

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..... *David C. Gibson*

Licensed Embalmer No..... *3454*

P. O. Address..... *Maplewood Mo*

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.