

FILED FEB 9 1951

318

1003

State File No. ....

BIRTH NO. .... REG. DIST. NO. .... PRIMARY REG. DIST. NO. .... Registrar's No. 59

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIVERSITY CITY 4496	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1566 No. HANLEY ROAD. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) MAUDE	b. (Middle) (none)	c. (Last) CARDWELL.	4. DATE OF DEATH (Month) (Day) (Year) JAN. 2 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 21, 1887.	9. AGE (In years last birthday) 63	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sullivan, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Steven Blanton	13b. MOTHER'S MAIDEN NAME unk	14. NAME OF HUSBAND OR WIFE Louis Cardwell, Sr.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Louis Cardwell, Sr. - 1566 N. Hanley Rd.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>acute monocytic leukemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2-4 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>20 ft. 2</i>
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22. I hereby certify that I attended the deceased from 12-9-1950 to 1-2-1951, that I last saw the deceased alive on 1-2-1951, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Joseph Maydon M.D.</i>	23b. ADDRESS <i>520 Westgate</i>	23c. DATE SIGNED <i>1-3-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-5-51	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL HEALTH DEPT. JAN 4 1951	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

July 10  
St. Louis, Mo.  
C.H.

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Melvin L. Kemper

Signed.....  
Student Embalmer

Licensed Embalmer No. 4052

P. O. Address St. Louis, 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.