

STANDARD CERTIFICATE OF DEATH

15038

State File No.

FILED APR 25 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1066

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS;
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JENNINGS
 c. LENGTH OF STAY (in this place) 20 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION - 2500 MARY AVE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JENNINGS
 d. STREET ADDRESS (If rural, give location) 2500 MARY AVE

3. NAME OF DECEASED
 a. (First) EDWARD
 b. (Middle) W.
 c. (Last) CADY SR.
 4. DATE OF DEATH (Month) (Day) (Year) APRIL 21, 1952

5. SEX MALE
 6. COLOR OR RACE WHITE
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
 8. DATE OF BIRTH JUNE 2, 1891
 9. AGE (In years last birthday) 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEETMETAL WORKER
 10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
 11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM OTIS CADY
 13b. MOTHER'S MAIDEN NAME ARRIE O'KEEFE
 14. NAME OF HUSBAND OR WIFE GLADYS CADY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
 16. SOCIAL SECURITY NO. #498-05-7106
 17. INFORMANT'S SIGNATURE OR NAME GLADYS CADY ADDRESS 2500 MARY AVE JENNINGS MO.

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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) HYPERTENSION
 DUE TO (c) ARTERIOSCLEROSIS
 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 NO

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) JENNINGS MO. MISSOURI

21d. TIME OF INJURY (Month) (Day) (Year), (Hour) _____
 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 2/10, 1950, to 11/20, 1950, that I last saw the deceased alive on 11/20, 1950, and that death occurred at 10.05A m., from the causes and on the date stated above.

23a. SIGNATURE Barney W. Hinkel M.D. (Degree or title)
 23b. ADDRESS 6510 W. Florissant Av.
 23c. DATE SIGNED 4/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
 24b. DATE 4/22/52
 24c. NAME OF CEMETERY OR CREMATORY HIBAL CEMETERY
 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.

DATE REC'D BY LOCAL REG. 4-22-52
 REGISTRAR'S SIGNATURE Herbert A. Dornke M.D.
 25. FUNERAL DIRECTOR'S SIGNATURE STROCK - CARROLL ADDRESS 1600 NATURAL BRIDGE

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

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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.....
Student Embalmer

Signed

Albert Mayfield

Licensed Embalmer No.

3077

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.