

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11754**

BIRTH NO.		REG. DIST. NO. <b>317</b>	PRIMARY REG. DIST. NO. <b>542</b>	Registrar's No. <b>879</b>
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ferguson</b>		c. LENGTH OF STAY (In this place) <b>8 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ferguson</b> <b>HOOP</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Oak Knoll Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>10933 West Florissant Ave</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mae</b>		b. (Middle) <b>E.</b>	c. (Last) <b>Cade</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 30, 1956.</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 18, 1868</b>	9. AGE (In years last birthday) <b>87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleslady</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dept. Store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Sammuel Cade</b>		13b. MOTHER'S MAIDEN NAME <b>Teresa Cayou</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-14-6223</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry J. Hegwein, Ferguson, Mo.</b>
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) <b>Arteriosclerosis Cordis</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>vascular disease</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1) Cerebral malacia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>  <b>unknown</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4221</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>Aug 23, 1954</b> , to <b>Mar 30, 1956</b> that I last saw the deceased alive on <b>March 27, 1956</b> , and that death occurred at <b>8:15 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Lewis Littmann</b>		23b. ADDRESS (Degree or title) <b>MD 98231 Clayton Rd</b>		23c. DATE SIGNED <b>3/30/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/2/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WHITE CHAPEL, FERGUSON, MO.</b>		
DATE REC'D BY LOCAL REG. <b>3-30-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donohue, MD</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Elena Province*

Licensed Embalmer No. 3403

P. O. Address Jennings, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.