

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31939**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8214**

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.

c. LENGTH OF STAY (If in this place) 2 days

d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY St. Louis

c. CITY OR TOWN St. Louis, Mo.

d. Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 10341 Manchester

3. NAME OF DECEASED

a. (First) Gertrude

b. (Middle) F

c. (Last) Cade

4. DATE OF DEATH (Month) (Day) (Year)
9 - 3 - 56

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 8-19-1877

9. AGE (In years last birthday) 79

If UNDER 1 YEAR: Months _____ Days _____

If UNDER 16 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Friel

13b. MOTHER'S MAIDEN NAME unknown Booth

14. NAME OF HUSBAND OR WIFE James P. Cade

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. 498-09.0367

17. INFORMANT'S SIGNATURE OR NAME Dr. Roy L. Fink, M.D.

ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Myocardial Infarct

ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
420.0

INTERVAL BETWEEN ONSET AND DEATH 7 days

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) _____

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 9.22, 1956, to 9.3, 1956, that I last saw the deceased alive on 9.2, 1956, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph J. Rowley M.D.

23b. ADDRESS 1325 J. Grand Blvd

23c. DATE SIGNED 9-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/6/56

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. SEP 5 1956

REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Herbeman, Harold

ADDRESS 1906 Union Bld

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.....
Signature of Student Embalmer

Signed *Warren A. Carr*.....
Licensed Embalmer No. *353*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.