

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35340**
8786
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

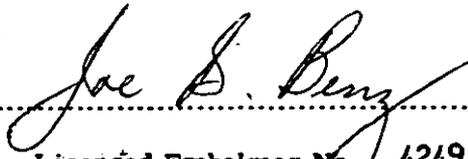
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 Weeks	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		e. STREET ADDRESS (If rural, give location) 3504 Alberta St.	
3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) C. c. (Last) Cardwell		4. DATE OF DEATH (Month) (Day) (Year) September 22, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 1, 1872
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (City and State or Foreign Country) Switzerland
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick Stadler		13b. MOTHER'S MAIDEN NAME Theresia Schindlerholz	
14. NAME OF HUSBAND OR WIFE William R. Cardwell Dec'd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Adele Cardwell ADDRESS 3504 Alberta St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
II. ANTECEDENT CAUSES (b) arterio-sclerotic Heart Disease		2 yrs.	
III. OTHER SIGNIFICANT CONDITIONS (c) Intertrochanteric fracture of left femur		2 wks.	
19a. DATE OF OPERATION 9/11/56		19b. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture left femur	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 4200F MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 7:25 56 10 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? fell on floor.		22. I hereby certify that I attended the deceased from Sept 8, 1956 , to Sept 22, 1956 , that I last saw the deceased alive on Sept. 21, 1956 , and that death occurred at 2:00A m., from the causes and on the date stated above.	
23a. SIGNATURE George A. O. Sullivan, M.D. (Degree or title)		23b. ADDRESS 729 Drury St. St. Louis Mo	
23c. DATE SIGNED 9-24-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE. 9/25/56		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Gabken-Benz Mortuary ADDRESS 2842 Meramec St. St. Louis 18 Missouri	
DATE REC'D BY LOCAL REG. SEP 24 1956		REGISTRAR'S SIGNATURE J. Earl Smith, MD	

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 **Me**, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. **4249**

P. O. Address ... **2842 Meramec** ...
St. Louis 18 Missouri

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.