

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 22 1957

14539

STATE FILE NUMBER

3172

Registration District No. 318

Primary Registration District 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
38 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME D. A. Homer G. Phillips		d. STREET ADDRESS 785 Bayard Avenue	
3. NAME OF DECEASED (Type or print) William A. Cardell		4. DATE OF DEATH 3 27 1957	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 4, 1918
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cape Girardeau Mo. 0
13. FATHER'S NAME August Cardell		14. MOTHER'S MAIDEN NAME Emma Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.# 2 490-22-II77	17. INFORMANT Address Marie Ensley 815 Beaumont Street
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon Monoxide Poisoning			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) suffered in home, at 785 a Bayard Ave., March 27th, 1957, as a result of inhaling fumes of defective furnace.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) inhaling fumes of defective furnace.		
20c. TIME OF INJURY Hour Month, Day, Year a. m. 3 27 57 p. m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, work, office bldg., etc.) 12 North		
20e. CITY, TOWN OR LOCATION 000. COUNTY St. Louis Mo STATE			
21. I attended the deceased from 205 P. to and last saw her alive on m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE James W. Kelly Deputy Coroner		22b. ADDRESS 3 1300 Clark	
22c. DATE SIGNED 4-1-57			
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial	23b. DATE April 2, 1957	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Jefferson Barracks Mo. (State)
24. FUNERAL DIRECTOR Peoples Und.Co. 3100 Franklin Ave.		25. DATE RECD. BY LOCAL REG. APR 1 '57	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Health, & Welfare Public Service

300 1-56 3

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF MISSISSIPPI

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 *W. Claude Gordon*

Licensed Embalmer No. *346*

P. O. Address *45750*

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.