

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010784

STATE FILE NUMBER

2933

FILED APR 6 1959 Registration District No. Primary Registration District No. Registrar No.

300
1-57
197
6

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		Length of stay in lb 2 Weeks	d. STREET ADDRESS (If outside, give location) 6630 Garner Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MATHIAS Middle C. Last CADENBACH			4. DATE OF DEATH Month 3 Day 21 Year 1959		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-3-1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman	10b. KIND OF BUSINESS OR INDUSTRY Oil	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Cadenbach	13b. MOTHER'S MAIDEN NAME Elizabeth Horn	14. NAME OF HUSBAND OR WIFE Audrey Harrison Cadenbach
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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. 493-01-9062	17. INFORMANT Audrey Cadenbach, Address above
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho Pneumonia (Anatomical diagnosis)	INTERVAL BETWEEN ONSET AND DEATH 5 Hours
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **DO NOT TYPE**
Auricular tachycardia. Paralytic ileus.
Operation:
Cholecystectomy for cholelithiasis. 491X
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
~~AMERICAN TACHYCARDIA PARALYTIC ILEUS CHOLELITHIASIS~~

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input 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.) None
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	20f. CITY, TOWN, OR LOCATION -----	COUNTY	STATE
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21. I attended the deceased from 1953 to Mar. 21, 1959 and last saw ^{XX} him alive on 3-21-59 Death occurred at 3:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Robert M. D.</i>	22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo.	22c. DATE SIGNED 3-23-59
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23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE 3-24-59	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.	25. DATE RECD. BY LOCAL REG. MAR 23 '59	26. REGISTRAR'S SIGNATURE <i>Robert Smith, M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
J. Allen Davis Jr.

Licensed Embalmer No. *4053*

P. O. Address
Rt 1

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.