

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

25650

1. PLACE OF DEATH

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 7367

City, St. Louis Mo (No. 2715 - N. 13 - St. 26)

St. .... Ward)

2. FULL NAME

(a) Residence, No. 2715 - N. 13 - St. 26, Ward. 26

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

White

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John H. Cadwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb. 12 - 1856

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

72

5

6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Housewife

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ills.

10. NAME OF FATHER

John Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT

(Address)

John H. Cadwell  
2715 - N. 13 - St.

15.

FILED

20 1923

May C. Starnitz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

July 18 - 19 28

17.

I HEREBY CERTIFY, That I attended deceased from 1928, to 1928, that I last saw him alive on July 18 - 1928, and that death occurred, on the date stated above, at 8 PM.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic myocarditis

935

97

112

(duration) 2 yrs. mos. ds.

CONTRIBUTORY Arterio Sclerosis + Senile Dementia (SECONDARY)

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

None  
H. E. Kearney

M. D.

7/19, 1928 (Address) 3945 A 11 St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St Johns North July 21, 1928

20. UNDERTAKER

ADDRESS

Hy Leidner and Co. A. Markel

