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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23365

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5717

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Alabama (b) County 01

(c) City or town Montgomery (If outside city or town limits, write "RURAL") R

(d) Street No. 55 Cloverdale Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Louis Charles Cardinal

3. (b) If veteran, name war ?

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased December 29, 1868 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Montgomery, Alabama (City, town, or county) 1 (State or foreign country)

10. Usual occupation Executive General Agent

11. Industry or business G. M. & O. R. R. Co.

MOTHER FATHER

12. Name Louis F. Cardinal

13. Birthplace Genoa, Italy (City, town, or county) 5 (State or foreign country)

14. Maiden name Wilhelmena Fredericks

15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant L. C. Cardinal. Jr.

(b) Address 1103 Candler Bldg., Atlanta, Ga.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/11/41 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery, Ala

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) JUL 11 1941 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th

year 1941 hour 8 P.M. minute 33 M.

21. I hereby certify that I attended the deceased from July 1st, 19 41, to July 10th, 19 41; that I last saw him alive on July 10th, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Postoperative pneumonia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Malignancy of stomach	

Major findings:
Of operations: Inoperable carcinoma of stomach
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Heinz S. Gron (M. D. or other) D

Address No. Pa. Hospital Date signed 7/10

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1940

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1994

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.