S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43027

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2611

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hours. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")
(d) Street No. 5652 Cates Ave. 1 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME THEODORE M. PARDUE.

3. (b) If veteran, name war World War

3. (c) Social Security No. 497-09-0735

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ruth Pardue.

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased October 30, 1895. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	1	22	..... hr. ..... min.

9. Birthplace St. Louis County, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Pres. Pardue Motor Co.

11. Industry or business Automobile Dealer.

FATHER
12. Name John P. Pardue.
13. Birthplace ? Alabama. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mattie Adams.
15. Birthplace ? Alabama. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Pardue.
(b) Address 5652 Cates Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) DEC 23 1941 (Date received local registrar) (b) E. D. McDavron MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd. year 1941 hour 11 minute P.M. M.

21. I hereby certify that I attended the deceased from Sept. 8, 1941, to Dec. 22, 1941 that I last saw him alive on Dec. 22, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral embolus	few minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Laryngeal obstruction
Of autopsy Neoplasm in larynx

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 W. E. Dauer (M. D. or other) MD
Address 3720 Washington Av. St. Louis, Mo. Date signed 12/23/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. E. Sauer.
3720 Washington Blvd.
10 A.M. to 1 P.M.
Jefferson 5792.

FEB 21 1942

APR 9 1942

MAR 16 1942

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 3454 David E. Gibson, Registered Apprentice No. ....., working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L

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