

No. 30
-10-47
-17-39
-1 3906

#424971
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH 1003

33990
State File No. 8971
Registrar's No.

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution 2mos-6 days
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-20
(c) City or town St. Louis 17
(d) Street No. 5427 Bischoff 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CARDEN, ERNEST
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 15th
year 1948 hour 6 minute 25 P.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married? divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 18th, 1904

21. I hereby certify that I attended the deceased from 8/5/48
that I last saw him alive on Oct. 15th
and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 1 Days 27 If less than one day hr. _____ min. _____

Immediate cause of death paratuberculosis, B coli Duration 1 week

9. Birthplace Missouri
10. Usual occupation Hospital attendant

Due to Carcinoma, unclassified 6.M.O.
Due to pancreas

11. Industry or business Missouri Baptist Hospital
12. Name Ansell Carden
13. Birthplace Tenn.
14. Maiden name Mary Hickel
15. Birthplace Tenn.

Other conditions Ho
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Mrs. Brokaw
(b) Address 5447 Russell Ave.,
17. (a) Removal (b) Date thereof 10/16/48
(c) Place: burial or cremation Burial - Neosho, Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director J. B. Pasater
(b) Address 1153 S. 2nd St. Neosho, Mo.
19. (a) OCT 16 1948 (b) J. B. Pasater

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury C

23. Signature came after (M.D. or other) 10/16/48
Address 1515 Lafayette Date signed _____

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

MOTHER, FATHER

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 Walter R. Remelius

Licensed Embalmer No. 4283

P. O. Address.....

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.