

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43443**
Registrar's No. **11507**

FILED JAN 25 1956

BIRTH NO. **95413-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY —		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves 4387	
c. LENGTH OF STAY (In this place) 1 hr. 9 min		d. STREET ADDRESS (If rural, give location) 305 Corona Court	
d. FULL NAME OF HOSPITAL OR INSTITUTION Evangelical Deaconess Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Deborah b. (Middle) June c. (Last) Cadenbach			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1955		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —	
8. DATE OF BIRTH 12-20-55		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min. 11 9		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Charles Mathias Cadenbach		13b. MOTHER'S MAIDEN NAME Peggy June Bruner		14. NAME OF HUSBAND OR WIFE —	
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. —		17. INFORMANT'S SIGNATURE OR NAME Mrs. C. Cadenbach	
				ADDRESS 305 Corona Ct. Webster Groves	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity		INTERVAL BETWEEN ONSET AND DEATH 11 hrs 9 min	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Rupt. B. O W.		DUE TO (c) —			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7615					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776x		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec. 20, 1955**, to **Dec. 20, 1955**, that I last saw the deceased alive on **Dec. 20, 1955**, and that death occurred at **5:12 pm.**, from the causes and on the date stated above.

23a. SIGNATURE See G. Hall (Degree or title) M. R.		23b. ADDRESS 305 W. Central Ave		23c. DATE SIGNED 2/20/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) DEC 31 1955		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
				24d. LOCATION (City, State) 404 Manchester Ave. St. Louis, Mo.	

DATE REC'D BY LOCAL REG. DEC 30 1955		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Rawland - Aker	
				ADDRESS 410 Franklin	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

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