

1. PLACE OF DEATH a. COUNTY Bexar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Bexar	
b. CITY OR TOWN (If outside city limits, give precinct no.) San Antonio		c. CITY OR TOWN (If outside city limits, give precinct no.) San Antonio	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION D.O.A. Robert B. Green Memorial Hospital		d. STREET ADDRESS (If rural, give location) 540 W. Highland Blvd.	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First PAUL (b) Middle O. (c) Last KARDOW		4. DATE OF DEATH April 27, 1968	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH September 19, 1915
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days Hours Minutes	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master plumber		10b. KIND OF BUSINESS OR INDUSTRY Plumbing	
11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Paul E. Kardow		14. MOTHER'S MAIDEN NAME Josephine Metzger	
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. 467-03-1021 HA	
17. INFORMANT John Kardow			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of the Appendix DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) REC'D MAY 14 1968
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.			BUREAU OF VITAL STATISTICS
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I hereby certify that I attended the deceased from 12-20-- 19 67 to 4-25-- 19 68 and last saw the deceased alive on 4-25-- 19 68 . Death occurred at 4:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE LILIA MONTEMYAOR, M.D. (Degree or title) <i>L. Montemayor M.D.</i>		22b. ADDRESS 527 N. LEONA STREET SAN ANTONIO, TEXAS	
22c. DATE SIGNED 4-29-68			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 29, 1968	
23c. NAME OF CEMETERY OR CREMATORY Mission Burial Park			
23d. LOCATION (City, town, or county) (State) San Antonio Texas		24. FUNERAL DIRECTOR'S SIGNATURE 3172 Roy Akers Funeral Chapels by <i>Chalk</i>	
25a. REGISTRAR'S FILE NO. 2166		25b. DATE REC'D BY LOCAL REGISTRAR MAY 1 1968	
		25c. REGISTRAR'S SIGNATURE <i>William Person</i>	