SEP 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30681

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township ~~Central~~ — Primary Registration District No. 6033A — Registered No. 268.
City Clayton (No. St. Louis County Hospital. St. Ward)

2. FULL NAME William Padberg, Jr.
(a) Residence, No. 7212 Delta Av. St., Ward. Richmond Heights
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

96
2
7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Padberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1877

7. AGE Years 57 Months 2 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. printer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 25 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME Wm H. Padberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Catherine Thamann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S.

17. INFORMANT (ADDRESS) Agnes Padberg 7212 Delta Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ss. Peter & Paul Cem. DATE Aug. 14 34

19. UNDERTAKER (ADDRESS) Coghlan Und. Co. Inc 7140 Manchester Ave.

20. FILED 8/12 1934 Robt J Am Fuster Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/11/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:30PM
The principal cause of death and related causes of importance were as follows:

Date of onset

Man fell while walking and was dead when brought to hospital. Abrasion over nose and lacerations over dorsum of rt.hand. Chr.pleural adhesions. Calcified peribronchial lymph nodes. Chr.myocarditis, aortic stenosis and insufficiency. Rt.Coronary occlusion. Generalized arteriosclerosis. Splenomegaly.

Other contributory causes of importance:
Name of operation ..... Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Luke B. Turner 8/13/34, M.D.
(Address) 3718 Jennings Rd
Coroner St. Louis Co., Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Lobulated and sclerotic kidneys. Hypertrophic cirrhosis of the liver.

Secondary: Coronary occlusion, rt. Complete calcification.

Pronounced dead at St. Louis County Hospital.