

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 20 1940
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36404

State File No. _____

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2012

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Padfield

3. (b) If veteran, name war World

3. (c) Social Security No. None

4. Sex Male race White

5. Color or race White

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

6. (b) Name of husband or wife Lucile

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

7. Birth date of deceased: March 25th, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>6</u>	<u>28</u>	hr. _____ min.

9. Birthplace: Dallas Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Unemployed

MOTHER FATHER

12. Name Eugene Padfield

13. Birthplace Unknown U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Kaiser

15. Birthplace Unknown U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lucile Padfield

(b) Address 3620 Gustine Ave.

17. (a) Burial (b) Date thereof 10/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul Cent

18. (a) Signature of funeral home Hannigan & Sheahan Und Co
Washington Blvd

19. (a) OCT 24 1940 (b) J.R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3620 Gustine Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23rd.
year 1940 hour 9:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Oct 14, 1940 to Oct 23, 1940
that I last saw him alive on Oct 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Due to Peritonitis

Due to Appendicitis

Other conditions 17
(Include pregnancy within 3 months of death)

Major findings: Peritonitis appendicitis

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Walter Dwyer (M. D. or other) _____
Address 729 mo Thales Bldg Date signed Oct 24 1940

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

Dr Mc Gowan
was buried
3:30 - 6 PM

JUL 1 1947

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 Homer W. Fritz
Licensed Embalmer No. 3882

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, above space should be left blank.