

FILED OCT 24 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8190

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Anthony Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 1 Month,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 006

(a) State Missouri, (b) County 17

(c) City or town St. Louis, 9 N
(If outside city or town limits, write "RURAL")

(d) Street No. 5510 Goethe Ave.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John F. Padberg,

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1942 hour 1: minute 00 A. M.

21. I hereby certify that I attended the deceased from 11-17-46
19.....; and that death occurred on the date and hour stated above
that I last saw him alive on Oct 1st 1942

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Emily, 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June 26 1892,
(Month) (Day) (Year)

Immediate cause of death Chronic myocardial infarction (?)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>3</u>	<u>6</u> hr. min.

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death).....

9. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation Deputy Collector City of St. Louis,

11. Industry or business.....

12. Name Lorenz Padberg,

13. Birthplace Germany,
(City, town, or county) (State or foreign country)

14. Maiden name Mathilda Hoevelmann,

15. Birthplace Germany,
(City, town, or county) (State or foreign country)

16. (a) Informant Emily Padberg,

(b) Address 5510 Goethe Ave.,

17. (a) Burial, (b) Date thereof 10/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem.

18. (a) Signature of funeral director Helken-Burg Mortuary

(b) Address 2842 Maramec St.,

19. (a) OCT 3 1942 (b) J. F. Padberg
(Data received local registrar) (Registrar's signature)

Major findings: Of operations none

Of autopsy none

PHYSICIAN None
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 Joseph L. Jones (M. D. or other)
Address 4065 So Grand Date signed 10/2/42

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Joe D Benz

Licensed Embalmer No. 4249

2842 Meramec St.,
P. O. Address St. Louis, Mo.

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.