

FILED OCT 14 1942

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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29067

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8118

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:
Home for the Aged, 3400 So. Grand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 2 Weeks,
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand Blvd.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 30
year 1942 hour 8: minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept 22 to Sept 30 1942
that I last saw him/her alive on Sept 29 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days
Due to Hypertensive disease
Other conditions (Include pregnancy within 3 months of death) None

Major findings:
Of operations None
Of autopsy None
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 J.P. [Signature] (M. D. or other)
Address Union Club Bldg Date signed 9/30/42

3. (a) PRINT FULL NAME Pauline Rose Padberg,

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

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

6. (b) Name of husband or wife Aloys Padberg, 6. (c) Age of husband or wife if alive 73, years

7. Birth date of deceased September 9, 1875,
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|------------|-----------|----------------------|
| | <u>67</u> | <u>-0-</u> | <u>21</u> | hr. min. |

9. Birthplace Illinois,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business.....

MOTHER FATHER

12. Name Don't Know,

13. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know, 9

15. Birthplace Don't Know,
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Theresa,

(b) Address 3400 So. Grand Blvd.,

17. (a) Burial, (b) Date thereof 10/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Hubert Benz Mortuary
2842 Meramec St.,

(b) Address

19. (a) OCT 1 1942 J.P. [Signature]
(Date received local registrar) (Registrar's signature)

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

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 S. 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.