

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28580
6934

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3110 POTOMAC ST.</u>				d. STREET ADDRESS (If rural, give location) <u>3110 POTOMAC ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMIL</u>		b. (Middle) <u>P.</u>		c. (Last) <u>RADKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 13 1950</u>	
5. SEX <u>M.D</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED. 1</u>		8. DATE OF BIRTH <u>SEPT. 18, 1872</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Credit Manager.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Creamery</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, Mo. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rudolph Radke</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Reinholz</u>		14. NAME OF HUSBAND OR WIFE <u>Kate Buettner Radke</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-10-9111 A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Kate Radke, 3110 Potomac St.</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart failure.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>disseminated spots of gangrene (left foot)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>several weeks</u> <u>several months.</u> <u>several years.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>450.1</u>			
22. I hereby certify that I attended the deceased from <u>9/12</u> , 19 <u>45</u> , to <u>8/13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8/12</u> , 19 <u>50</u> , and that death occurred at <u>5 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>J. Moskop, M.D.</u>				23b. ADDRESS <u>3554 VICTOR ST (4)</u>		23c. DATE SIGNED <u>8/13/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 11</u>		24b. DATE <u>8-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Our Redeemer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 15 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden Funeral Home, Inc. 1936 St. Louis Av</u>			

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *J. W. Munkley*

Signed.....
Student Embalmer

Licensed Embalmer No..... *3652*

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, fact should be so stated above.