

FILED JUN 22 1956

STANDARD CERTIFICATE OF DEATH

State File No. 22258

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1335

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri by COUNTY St. Louis	
b. CITY (If outside corporate limits, RURAL and give township) Clayton OR TOWN _____		c. CITY OR TOWN University City	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Enroute County Hospital		e. STREET ADDRESS (If rural, give location) 6660 Washington Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Jake b. (Middle) _____ c. (Last) Padratzik			4. DATE OF DEATH (Month) (Day) (Year) 5/30/1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 8, 1887		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver	
11. BIRTHPLACE (City and State or Foreign Country) Russia		12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY Dairy Products	

13a. FATHER'S NAME Aaron Padratzik		13b. MOTHER'S MAIDEN NAME Chai Unknown		14. NAME OF HUSBAND OR WIFE Lena Padratzik (Desc.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-09-9831		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Morris Padratzik 1501 78th St.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes			INTERVAL BETWEEN ONSET AND DEATH None
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7954

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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Domke, M.D., Local Registrar		23b. ADDRESS 661 So. Brentwood		23c. DATE SIGNED 6-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/1/1956		24c. NAME OF CEMETERY OR CREMATORY Beth Ham Hag	
				24d. LOCATION (City, town, or county) (State) University City, Mo.	

DATE REC'D BY LOCAL REG. 5-31-56		REGISTRAR'S SIGNATURE Herbert R. Domke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson Ave.	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James A. Quicker*
Licensed Embalmer No. 4229

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.