

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital,</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3326 Itaska St.,</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Theodore</b> Middle <b>J.</b> Last <b>Paradowski</b>				4. DATE OF DEATH Month <b>August</b> Day <b>24,</b> Year <b>1960</b>					
5. SEX <b>Male.</b>		6. COLOR OR RACE <b>White,</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3/2/1916</b>		9. AGE (last birthday) <b>44</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Store Room Clerk,</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Public Service Co.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Wojciech (George) Paradowski,</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Strusinski,</b>			14. NAME OF HUSBAND OR WIFE <b>Florence M. Paradowski,</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>493-10-8157</b>		17. INFORMANT Address <b>Florence M. Paradowski, 3326 Itaska St.,</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac failure</b> DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>420.0</b> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mell. fur</b>								INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>		COUNTY _____ STATE _____	
21. I attended the deceased from <b>8-8-60</b> to <b>8-24-60</b> and last saw him alive on <b>8-24-60</b> Death occurred at <b>7:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Coon Leonhardt M.D.</b>				22b. ADDRESS <b>18 S. Kings Highway St. Louis</b>		22c. DATE SIGNED <b>8-26-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal.</b>		23b. DATE <b>8/27/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery, St. Louis County, Missouri,</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>		(State) _____	
24. FUNERAL DIRECTOR <b>Gebken-Benz Mortuary,</b>			ADDRESS <b>2842 Meramec St.,</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 26 1960</b>		26. REGISTRAR'S SIGNATURE <b>Coat Smith, M.D.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert J. Gasi Jr.  
Licensed Embalmer No. 4800  
P. O. Address Kirkwood

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.