

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033987  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8932**

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED SEP 12 1963</b>							
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b> Length of stay in lb c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2205 GRAVOIS</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>2205 GRAVOIS</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <b>WALTER PADGITT</b>							
4. DATE OF DEATH Month Day Year <b>SEPT 3 1963</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>FEB 8 1891</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MAINTENANCE</b>		11. BIRTHPLACE (City and state or country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>BENJAMIN PADGITT</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH KOPPE</b>		14. NAME OF HUSBAND OR WIFE <b>EDNA PADGITT</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW# 1</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>EDNA PADGITT 2205 GRAVOIS</b>			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a)				Hypostatic Pneumonia Lobar		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
DUE TO (b)				Myocarditis - Arteriosclerosis		<b>4 mos.</b>	
DUE TO (c)				Atherosclerosis Generalized		<b>18 mos.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>atherosclerosis</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
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 COUNTY STATE	
21. I attended the deceased from <b>Sept. 12 1958</b> to <b>Sept. 3-63</b> and last saw her/him alive on <b>Sept 3-1963</b> . Death occurred at <b>6:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Paul Plank</b>				22b. ADDRESS <b>7717 Bevan Ave 18 Mo</b>		22c. DATE SIGNED <b>7-4-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>SEPT 6, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Co. Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Thomas Kuttis 2906 Gravois</b>				25. DATE RECD. BY LOCAL REG. <b>SEP 5 1963</b>		26. REGISTRAR'S SIGNATURE <b>Joan Smith, M.D.</b>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Corley Thompson*

Licensed Embalmer No. 4861

P. O. Address St Louis 19, Mo.

*Mr. John Campbell*  
*2767 Brown*  
*RR 6 - 0310*

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.