

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037911

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9322

FILED SEP 26 1963

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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| DATE AMENDED | | | | | | | | | |
| AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF | SHOULD READ | ITEM 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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3803 Keokuk</u> | | d. STREET ADDRESS (If outside, give location) <u>3803 Keokuk</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>E.</u> Last <u>Pardyke</u> | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>16</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/10/02</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> |
| 13a. FATHER'S NAME <u>Charles Pardyke</u> | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Hogan</u> | 14. NAME OF HUSBAND OR WIFE <u>Helen Pardyke</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>197</u> | 17. INFORMANT <u>Helen Pardyke 3803 Keokuk</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary & cerebral disease.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Overweight 287 lb</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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 | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u> |
| 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 _____ Month _____ Day _____ p.m. | | | |
| 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 <u>Jan 2-56</u> to <u>Sept 16-63</u> and last saw her alive on <u>9-16-63</u> Death occurred at <u>9-16-63</u> <u>3:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Edward J. Santoni M.D.</u> | | 22b. ADDRESS <u>1504 So. Grand.</u> | 22c. DATE SIGNED <u>9/17/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>9-19-1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Thomas Kates 2906 Spruill</u> | | 25. DATE RECD. BY LOCAL REG. <u>SEP 17 1963</u> | 26. REGISTRAR'S SIGNATURE <u>Earl Smith. M.O.</u> |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carley Thompson Jr

Licensed Embalmer 4861

P. O. Address St Louis 19 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND 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.

13846 13855
Mr. Coartman
1504 S Grand
DR 1-3334

Walter 3