

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32743

1. PLACE OF DEATH

County

Registration District No.

791

Township

Primary Registration District No.

1003

City

(No.)

Desloge Hospital

File No.

Registered No.

8797

St.

Ward)

2. FULL NAME

John Radakstein

(a) Residence No.

4005 Washington Blvd.

St.

19 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 30, 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

74

1

19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

common

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

FATHER

13. NAME Theaboldt Rodelstein

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME Mary Ann Zoller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT

Father J. Mix

(ADDRESS)

3689 W. Pine Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem.

DATE Sept. 22, 1937

19. UNDERTAKER

Arthur J. Donnelly Undt. Co.

(ADDRESS)

3840 Lindell Blvd.

20. FILE

SEP 21 1937

J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9/19/37

19

22.

HEREBY CERTIFY, That I attended deceased from

9/8/37

19

to

9/19/37

19

I last saw him alive on

9/19/37

19

Death is said

to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of stomach

Date of onset 9/19/37

Other contributory causes of importance:

Carcinoma of stomach
tuberculosis

9?
9/18/37

Name of operation Pectoral Autopsy

Date of 9/17/37

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. H. Bassett

M. D.

(Address) F. H. Desloge Hosp

STANDARD OF LIVING