

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

39434
 Do not use this space.

DEC 13 1937

1. PLACE OF DEATH

(a) County Registration District No. **791 2**

(b) Township Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **1401 Adelaide Avenue** Registered No. **10421**

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Richard M. Paddock**

(a) Residence, No. **1401 Adelaide Avenue** St. **9** (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Isabelle Paddock, (Herridence)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 2, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

64 10 5

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

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

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) **St. Louis - Mo**

FATHER 13. NAME **John Paddock**

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

MOTHER 15. MAIDEN NAME **Amelia Givens**

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

17. INFORMANT (ADDRESS) **Mrs. Isabelle Paddock 1401 Adelaide Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **11-10-37**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**

20. FILED **NOV 9 1937** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 7, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **11-4-37** to **11-7-37**

I last saw him alive on **Nov 7, 1937** Death is said to have occurred on the date stated above, at **11:30 P. M.**

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

Influenza Pneumonia Date of onset **11/4/37**

Chronic Myocarditis ?

Cardio-Renal Vasculous disease ?

Other contributory causes of importance: **Cardio-Renal Vasculous disease**

Name of operation Date of What test confirmed diagnosis? **Physic** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... 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 **None** (Signed) **W. M. Cavanaugh** M. D. (Address) **4356 Marine Ave**

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.

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2118

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz L. E.

No. _____ or by _____, Registered Apprentice No. 2110

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. _____

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.)