

REC'D SEP 12 1938

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

27318

Do not use this space.

1. PLACE OF DEATH

 (a) County.....
 (b) Township.....
 (c) City St. Louis

Registration District No.

Primary Registration District No.

(d) Street No. St. Luke's Hospital St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(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

Caroline Padfield(a) Residence, No. 4909 Lindenwood Ave. St. 14
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Harry V. Padfield6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 22

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) Belleville (STATE OR COUNTRY) Ill.13. NAME Patrick Kaiser14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)15. MAIDEN NAME Unknown Henderson16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)17. INFORMANT Melba Mestemacher (ADDRESS) 4909 Lindenwood Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Belleville Ill. DATE 8-19 193819. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuary (ADDRESS) 4228 So. Kingshighway20. FILED AUG 18 1938
J. Budick
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 16, 1938
 I last saw her alive on Aug 16, 1938 Death is said to have occurred on the date stated above, at 8:15 P.M.
 The principal cause of death and related causes of importance were as follows:

 Date of onset
Cirrhosis of liver. 7?
Acute cholecystitis. 5 weeks
Bronchial pneumonia 4 day.
 Other contributory causes of importance:
Surgical operation
No gall stones
Cholecystectomy Aug 11 38
 Name of operation..... Date of operation.....
 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? no Date of injury....., 19.....
 Where did injury occur? no
 (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? no
 If so, specify.....
 (Signed) Charles Henderson, M. D.
 (Address) 3720 Shockington

Mr. Spindemann
Baltimore, Md. 2-4

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Edwin M. Bernstein

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above conditions grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.