Permit #12-38

REC'D SEP 14 1938

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

29912
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois
(b) Township
(c) City Desloge
Registration District No. 779
Primary Registration District No. 6024a
Registered No.
(d) Street No. 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 Emma Padberg 311
(a) Residence, No. Lives around Flat River St.
(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 Can.
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) August 20 1877.
7. AGE: Years 60 | Months 11 | Days 18. | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. Was working for
10. Date deceased last worked at this occupation (month and year) Mar 21 Jumped from Hospital
11. Total time (years) spent in this occupation 13 weeks

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mine La Motte Missouri

FATHER
13. NAME Mr. Henry Padberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Miss Addie Holzemer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mine La Motte Missouri

17. INFORMANT (ADDRESS) Mrs Veronica Jessman Bonne Terre Route 1.
18. BURIAL, CREMATION, OR REMOVAL PLACE Leadwood Mo DATE Aug 10 1938
19. FUNERAL DIRECTOR (NAME) Bonhage Funeral Home (ADDRESS) Bonne Terre Mo
20. FILED 9-9 1938 W.F. Duckworth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938
22. I HEREBY CERTIFY, That I attended deceased from By Inquest 19 to 19
That I last saw alive on Aug. 8 1938 Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Jury's Verdict, Unavoidable accident (Struck by car driven by Carl Dalton 210 W)	

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 7 1938
Where did injury occur? Highway 61 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck By auto
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Elenan Rorrice, Coroner
(Address) Flat River, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 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.....

Licensed Embalmer No.....

P. O. Address.....

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

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