

RECD MAR 13 1939

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

5081
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. St. Anthony Hospital St. 1774
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Bernard A. Padberg

(a) Residence, No. Roxana Ill. St. NR
(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 Male 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 Margaret C. Padberg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as saw mill, bank, etc.
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 Lorenz Padberg

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

MOTHER 15. MAIDEN NAME Margaret Miller

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

17. INFORMANT L. F. Padberg
(ADDRESS) 3539 So. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL SS. Peter and Paul Cem. DATE Feb. 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. Brudick
2842 Meramec St.

20. FILED FEB 24 1939
J. F. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1938, to Feb. 22, 1939.
I last saw him alive on Feb. 21, 1939. Death is said to have occurred on the date stated above, at 8:25 A.M.
The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction
Arteriosclerosis of Aorta
Date of onset

Other contributory causes of importance
Name of operation Date of
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, 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? 1
If so, specify
(Signed) W. H. D. ... M. D.
(Address) 3600 S. Grand Blvd.

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 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..... *Herman A. Gebken*

Licensed Embalmer No..... 2120

P. O. Address..... 2842 Meramec St.

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.)
St. Louis, Mo.

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