

FILED MAR 24 1942

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 219

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3006 Burnside Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 47 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 3006 Burnside Ave.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Albert Anthony Padula

3. (b) If veteran, name war World War
 3. (c) Social Security No. 491-10-3728

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Georgia C. Padula
 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased July 20 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>7</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Pharmacist

11. Industry or business Katz Drug Co.

MOTHER FATHER

12. Name Michael Padula
 13. Birthplace Unknown Italy 4
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Italy 4
(City, town, or county) (State or foreign country)

16. (a) Informant Georgia C. Padula

(b) Address 3006 Burnside Ave. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Norman W. Seduyfahn

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Mar. 4, 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
 year 1942 hour 12 minute 55 A. M.
 21. I hereby certify that I attended the deceased from Jan. 5
1934 to March 3 1942
 that I last saw him alive on March 3 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion *Dysphagia*

Due to Chr. Hypertension *5-6 yrs*

Due to _____

Other conditions 93 d
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy no

PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury.

23. Signature Albert H. M. [Signature] (M. D. number) 0

Address 706 Francis St. Date signed 3-3-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

H. 71

MAR 28 1946

MAR 28 1946

MAR 24 1946

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..... *Albert E. Harrington*

Licensed Embalmer No..... *3258*

P. O. Address..... *St. Joseph, Mo.*

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.)

If this body is not embalmed, fact should be so stated above.