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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19904

FILED JUL 8 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5999

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 923

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2716a So Jefferson Av (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles Paddock

3. (b) If veteran, name war None

3. (c) Social Security No. 489-03-1228

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Elizabeth Paddock

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 11, 1888 (Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Sioux City Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace " (City, town, or county) (State or foreign country)

14. Maiden name Cora Shipton

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Wood

(b) Address 3041a Marcus Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Memy Gardens

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4457 Washington Blvd

19. (a) JUL 8 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28, year 1943 hour 12:50 minute P. M.

21. I hereby certify that I attended the deceased from June 9, 1943, to June 28, 1943, that I last saw him alive on June 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular accident (?) Coronary occlusion (?)

Due to

Due to

Other conditions Arteriosclerosis (?)
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cerebro-vascular accident (by elimination)

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leo J. Wade (M.D. or other)

Address 1515 Lafayette Avenue, Date signed 6/28/43

(Licensed Embalmer's Statement on Reverse Side)

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 William T. Hiions

Licensed Embalmer No. 4319

P. O. Address St Louis 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.