

201533

FILED JUN 23 1944

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5335**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3933 Pennsylvania Ave.,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County _____
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 3933 Pennsylvania Ave.,
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Arthur R. Radige,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male, 0 5. Color or race White, 1
 6. (a) Single, widowed, married, divorced Married,
 6. (b) Name of husband or wife Mamie H. Radigen 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased December 6, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>6</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Tool & Die Maker

11. Industry or business Carter Carburetor Co.

MOTHER FATHER {
 12. Name Charles Radige, 9
 13. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Stadler,
 15. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie H. Radige, 1
 (b) Address 3933 Pennsylvania Ave.,

17. (a) Burial, (b) Date thereof 6/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary,
 (b) Address 2842 Meramec St.,

19. (a) JUN 13 1944 J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
 year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertrophic Endocarditis
Chronic Myocarditis, Infarct
 Due to arteriosclerosis

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____

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 W. H. Perry (M. D. or other) _____
 Address Open St. Louis Date signed 6/12/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING INK

844

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

Signed _____

Joe S. Benz
Licensed Embalmer No. 4249
2842 Keramec St.
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.