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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

22443

State File No. 5961

FILED JUL 20 1945 STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Park Lane Hospital
(d) Length of stay: In hospital or institution 1-week

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 3803 DeTonty St.
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME Patrick C. Radley
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7th, year 1945 hour 6 minute 45 p. M.
21. I hereby certify that I attended the deceased from May 25, 1945 to July 7, 1945
that I last saw him alive on July 7, 1945 and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
7. Birth date of deceased July 21st, 1883 (Month) (Day) (Year)

Immediate cause of death Pulmonary embolism, June 28, 1945
Due to Pleuritic effusion, June 28, 1945
Other conditions Cirrhosis of the liver, 1 year.
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
61 11 16 hr. min.

9. Birthplace St. Louis Mo. 0
10. Usual occupation Bartender

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business
12. Name Patrick Radley
13. Birthplace Ireland 4
14. Maiden name Alice Mohan
15. Birthplace Ireland 4
16. (a) Informant Mrs. Hannah C. Radley
(b) Address 3803 DeTonty St.
17. (a) Burial (b) Date thereof 7-10-45
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) (b) JUL 9 1945 J. F. Bredet

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature [Signature] M.D. (M. D. or other)
Address 320 Metropolitan Bldg. Date signed 7/9/45

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

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 W Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.