

FILED AUG 1 1945
 Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1880

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
345 Tower Grove Drive /
(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 Mo. (b) County St. Louis
 (c) City or town Normandy
(If outside city or town limits, write "RURAL")
 (d) Street No. 345 Tower Grove Drive
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frank Padfield
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 26th., 1945 year hour 6 minute 53 P. M.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Marie B. Padfield 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Jan. 8th., 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 12 to July 26, 1945
 that I last saw him alive on July 21, 1945
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
53 6 18 hr. _____ min.

Immediate cause of death Carcinoma
Bladder
 Due to Carcinoma Urinary Bladder
 Due to 526

9. Birthplace Canada
(City, town, or county) (State or foreign country)
 10. Usual occupation Interior Decorator

Other conditions Fecal fistulae
(Include pregnancy within 3 months of death)
Urteral Transplantation

MOTHER FATHER { 11. Industry or business _____
 12. Name Oliver J. Padfield
 13. Birthplace Canada
(City, town, or county) (State or foreign country)
 14. Maiden name Ellen Hoerr
 15. Birthplace Canada
(City, town, or county) (State or foreign country)

Major findings:
 Of operations Carcinoma Urinary Bladder - Cystectomy + Urteral Transplantation done

16. (a) Informant Mrs. Marie B. Padfield
 (b) Address 345 Tower Grove Dr.
 17. (a) Burial (b) Date thereof 7-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

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? _____

18. (a) Signature of funeral director Arthur J. Connelly
 (b) Address 3840 Lindell Blvd.
 19. (a) 7-30-45 (b) E. J. M. Gorman
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature Robert J. Jenkins (M. D. or other) _____
 Address 2901 N. Kingshighway July 26, 1945

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

Dr. DeLevan Calkins
2301 N. Kingshighway Blvd.

AUG 2 1945

AUG 20 1945

FEB 18 1946

AUG 10 1945

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. W. Sam Mate

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.