

No. 2
-12-45
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15120

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3978

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Park Lane Hospital
(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 Illinois (b) County Madison

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

(d) Street No. Rural Route #2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William E. Gradolph

3. (b) If veteran, name war Sp.-Am. War 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 3 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1947 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from March 28, 19 47 to April 16, 19 47
that I last saw h in alive on April 16, 19 47
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 8 13 hr. min.

9. Birthplace - Clifton Terrace - Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Huckster

11. Industry or business Own Farm

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Hochstul
(b) Address Melville, Ill.

17. (a) Removal (b) Date thereof 4-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 16 1947 (b) J. F. Bradick
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____

Chronic myocarditis.

Due to _____

Due to _____

Other conditions Hypertrophied prostate
(Include pregnancy within 3 months of death)
causing obstruction.

Major findings: Prostatectomy
Of operations _____

Of autopsy None

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 Francis J. Bradick M.D.
4930 Lindell, St. Louis, Mo. 4/16/47
Address Date signed

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

John D. Penney

Licensed Embalmer No.....

4194

P. O. Address.....

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.