S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15511

Primary Registration District No.

Registrar's No. 4246

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 817

(d) Street No. 4488 CLAYTON AV. (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Phillip Padjen

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex MALE C

5. Color or race W.

6. (a) ~~Single~~, widowed, ~~married~~, divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased MAY (Month) 1 (Day) 1888 (Year)

8. AGE: Years 58 Months 11 Days 22 If less than one day hr. min.

9. Birthplace JUGO (City, town, or county) SLAVA (State or foreign country) X

10. Usual occupation TAVERN OWNER

11. Industry or business

MOTHER FATHER

12. Name UNKNOWN PADJEN O

13. Birthplace JUGO (City, town, or county) SLAVA (State or foreign country) O

14. Maiden name UNKNOWN UNKNOWN

15. Birthplace JUGO (City, town, or county) SLAVA (State or foreign country) O

16. (a) Informant Mrs Joseph Kearns

(b) Address 4838 Cupples Place

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof APRIL 26-47 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ LAURAL HILL

18. (a) Signature of funeral director E. J. Schnure

(b) Address 3125 Lafayette Av.

19. (a) APR 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1947 hour 7:00 minute P.M.

21. I hereby certify that I attended the deceased from April 7, 1947, to April 23, 1947 that I last saw him alive on April 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas with extensive metastases

~~Due to~~

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As above

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 O

23. Signature F. R. Bradley (M. D. ~~or coroner~~)

Address Barnes Hospital, Date signed 4-24-47

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

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.