No. 2
-1/47
17-30

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34,501

Registrar's No. 8918

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 Clover & W. Florissant Ave
Pronounced dead at City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 61 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County 999
(c) City or town East St. Louis Ill 10
(If outside city or town limits, write "RURAL")
(d) Street No. 6795 Audubon Ave. 2
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Paul W. H. Radzom
3. (b) If veteran, name war none
3. (c) Social Security No. 489-10-8231
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife late Irene Radzom
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 23rd. 1887. (Month) (Day) (Year)

8. AGE: Years 61 Months 5. Days 20. If less than one day hr. min.

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Teamster
11. Industry or business
MOTHER FATHER
12. Name John Radzom.
13. Birthplace unknown. (City, town, or county) (State or foreign country)
14. Maiden name Pauline Hellwig
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lillian Drese
(b) Address 4617 Bircher Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave
19. (a) OCT 14 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 13th year 1948 hour 5:46 minute P 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.

Duration

Immediate cause of death Coronary Thrombosis.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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
23. Signature Patrick E. Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 10-14-48.

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address 1223 St. Louis Av

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.