

FILED JAN 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 45508  
12157

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI. b. CITY LOUIS, MO.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.,		c. CITY OR TOWN UNIVERSITY CITY, MO.	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION at 6119 Bartmer Ave,		e. STREET ADDRESS (If rural, give location) #023 Irma Avenue.	

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) ALBERT c. (Last) RADLOFF.	4. DATE OF DEATH (Month) (Day) (Year) Dec 23, 1953.
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5. SEX Male. <input checked="" type="checkbox"/>	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single.	8. DATE OF BIRTH Sep't 6, 1907.	9. AGE (In years last birthday) 46.	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock clerk.. Stix, Baer & Fuller Co.,	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Altamont, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fred Radloff.	13b. MOTHER'S MAIDEN NAME Ann Adaman.	14. NAME OF HUSBAND OR WIFE None.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. W. W. II.	16. SOCIAL SECURITY NO. 348-09-8796	17. INFORMANT'S SIGNATURE OR NAME Mrs Charles Schuff, #1023 Irma Avenue,	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Instant  5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) <u>Diseases Coronary Arteries</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from 4/1, 1853, to 12/23, 1953 that I last saw the deceased alive on 12/19, 1953, and that death occurred at St. Louis, Mo., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Rogier M.D.</u>	23b. ADDRESS <u>6693 Delmar</u>	23c. DATE SIGNED <u>12/24/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/28/53.	24c. NAME OF CEMETERY OR CREMATORY National Cemetery,	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.,
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DATE REC'D BY LOCAL REG. DEC 24 1953	REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, #7233 Delmar Blv'd.,
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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clarence A. Murray*.....  
Licensed Embalmer No. ....  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.