

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24190

State File No.

FILED AUG 2 - 1955

15993

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

1. PLACE OF DEATH a. COUNTY <u>NO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS, MISSOURI</u>	c. LENGTH OF STAY (in this place) township)	c. CITY OR TOWN <u>Glen Carbon</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>812^W 8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>J</u> c. (Last) <u>PAZDERKA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 9, 1955</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb 28, 1915</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rate Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Acme Fast Freight</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Omaha, Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Joseph Pazderka</u>	13b. MOTHER'S MAIDEN NAME <u>Antoinette Jambor</u>	14. NAME OF HUSBAND OR WIFE <u>Thelma Pazderka</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Nil</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thelma Pazderka, Glen Carbon, Ill.</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Polycystic Kidney</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Bilateral Staghorn Calculus</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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>602X</u>

22. I hereby certify that I attended the deceased from JULY 1, 1955, to JULY 9, 1955, that I last saw the deceased alive on JULY 9, 1955, and that death occurred at 2:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>FR Bradley MD</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-11-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois.</u>
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DATE REC'D BY LOCAL REG. <u>JUL 11 1955</u>	REGISTRAR'S SIGNATURE <u>J. Charles Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nell-Walsh-Barnes, 4146 St. Louis East St. Louis, Illinois.</u>
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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 *Philip Ogden*.....
Licensed Embalmer No. *709*.....
P. O. Address *East W. La*.....

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.