

XC-332 559
SL 3544

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030263

STATE FILE NUMBER

1003

Registrar's No. 7628

FILED SEP 15 1958

Registration District No.

318

Primary Registration District No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN AFFTON 4870		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in 1b 125 days	d. STREET ADDRESS (If outside, give location) 27 6821 ALICETON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RALPH H. CLADER			4. DATE OF DEATH Month Day Year AUGUST 3, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/5/91	9. AGE (In years) 66 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SAFETY INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLES CLADER		13b. MOTHER'S MAIDEN NAME MARY JANE ECK		14. NAME OF HUSBAND OR WIFE BERTHA CLADER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 497-01-1800	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEPTICEMIA DUE TO (b) PERITONITIS EXCISION OF ABDOMINAL ANEURYSM AND GRAFTING. DUE TO (c) WOUND INFECTION FOLLOWING # PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 451 X					INTERVAL BETWEEN ONSET AND DEATH 8 Days 8 Days 8 Days
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 3/31/58 to 8/3/58 and last saw him alive on 8/3/58 Death occurred at 6:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE WALTER P. JABZENSKI (Degree or title) M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 8/3/58
23a. BURIAL, CREMATION, REMOVAL removal		23b. DATE 8/6/1958	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravois		25. DATE RECD. BY LOCAL REG. AUG 6 58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. m. j. b.	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *E. P. Kedwell*

Licensed Embalmer No. *3877*

P. O. Address *7037 Harvard*

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.

above is not a body for a student to