

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003409

STATE FILE NUMBER

325

FILED FEB 11 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300

-57

38 3

35

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Olivette <i>4000</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Forest Park		Length of stay in lb Unk	d. STREET ADDRESS (If outside, give location) 12 Fair Winds
3. NAME OF DECEASED (Type or print) First PAUL Middle B. Last RADLOFF			4. DATE OF DEATH Month Day Year Jan. 9, 1959
5. SEX male <i>C</i>	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 July 14, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed		10b. KIND OF BUSINESS OR INDUSTRY Accountant	9. AGE (In years last birthday) 53
11. BIRTHPLACE (City and state or country) St. Louis, Missouri <i>C</i>		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benjamin Radloff		13b. MOTHER'S MAIDEN NAME Lena Rosenson	14. NAME OF HUSBAND OR WIFE Esther
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No None		16. SOCIAL SECURITY NO. 194-10-8978	17. INFORMANT Mrs. Esther Radloff 12 Fair Winds
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gunshot wound of head self inflicted.</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>E976X</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease and the given in PART I (a) <i>Autopsy found in forest</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED (Use reverse of this form in Part I or Part II (b).) <i>Shot in forest, 1959, exact time unknown; while suffering from temporary mental aberrations</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>1. 9 59</i>	20d. INJURY OCCURRED WHILE AT WORK <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.) <i>Park</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <i>1230 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Delmer S. Taylor</i>	
22b. ADDRESS <i>1300 Elm</i>		22c. DATE SIGNED <i>1/10/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1/11/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth</i>	23d. LOCATION (City, town, or county) <i>University City</i>
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson		25. DATE RECD. BY LOCAL REG. <i>JAN 12 '59</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

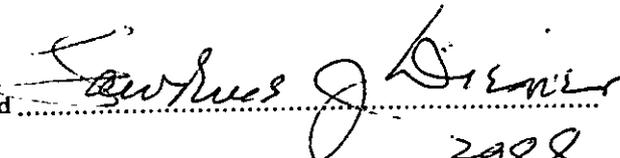
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No. 3988

P. O. Address

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.