

**URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-003945**

FILED VS JAN 29 1960

2 570

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b> Length of stay in 1b <b>63 yrs.</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>6060 Hancock</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>HELEN</b> Middle <b>M.</b> Last <b>RADER</b>			<b>4. DATE OF DEATH</b> Month <b>January</b> Day <b>14</b> Year <b>1960</b>		
<b>5. SEX</b> Female	<b>6. COLOR OR RACE</b> White	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> Apr. 4, 1894	<b>9. AGE</b> (last birthday) <b>65 yrs.</b>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) At Home		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) Ger...any	<b>12. CITIZEN OF WHAT COUNTRY</b> USA
<b>13a. FATHER'S NAME</b> Richard Pampel		<b>13b. MOTHER'S MAIDEN NAME</b> Marie Hertel		<b>14. NAME OF HUSBAND OR WIFE</b> William E. Rader	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No		<b>16. SOCIAL SECURITY NO.</b> None		<b>17. INFORMANT</b> Address Mr. William E. Rader, 6060 Hancock	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b> DUE TO (b) _____ DUE TO (c) <b>4201</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 10 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Congestive Heart Failure.</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY _____ STATE _____	
<b>21. I attended the deceased from</b> <b>1/6/60.</b> to <b>1/14/60</b> and last saw her <u>alive</u> on <b>1/14/60.</b> Death occurred at <b>3:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <b>C E Studsel M.D.</b>			<b>22b. ADDRESS</b> <b>3701 Grandel Sq.</b>		<b>22c. DATE SIGNED</b> <b>1/16/60</b>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> Removal	<b>23b. DATE</b> January 18, 1960	<b>23c. NAME OF CEMETERY OR CREMATORY</b> Mt. Hope Cemetery		<b>23d. LOCATION</b> (City, town, or county) (State) St. Louis County, Mo.	
<b>24. FUNERAL DIRECTOR</b> ADDRESS Beiderwieden F.H.Inc. 1936 St. Louis			<b>25. DATE RECD. BY LOCAL REG.</b> JAN 18 1960		REGISTRAR'S SIGNATURE <b>Boat Smith. M.D.</b> MRC

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1971-8-3d

See 3-4-10

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *David [Signature]*

Licensed Embalmer No. 452

P. O. Address *Albany*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.