

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040057

FILED VS NOV 1 0 1960

318

1003

10657

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS COUNTY ST CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		c. CITY OR TOWN Belleville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CARDINAL GLENNON		d. STREET ADDRESS (If outside, give location) 13 LAKE 2ND BLVD	

3. NAME OF DECEASED (Type or print) First John Middle Joseph Last PADAN			4. DATE OF DEATH Month 11 Day 2 Year 60		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-30-60	9. AGE (last birthday) 3 DAYS	IF UNDER 1 YEAR Months 3 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) Belleville Ill	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME ROBERT S. PADAN JR		13b. MOTHER'S MAIDEN NAME DOROTHY KOLDNER		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT MR Robert S. Padan Jr	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGENITAL HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Transposition of great vessels	
		DUE TO (c) 754.7	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m.	Month, Day, Year		
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **10-31** to **11-2** and last saw her/him alive on **11-2**
 Death occurred at **11-2-60 11:50 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE Lawrence R. Daubert, MD	(Degree or title)	22b. ADDRESS 950 Francis Place	22c. DATE SIGNED 11-3-60
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-3-60	23c. NAME OF CEMETERY OR CREMATORY Mt CARMEL	23d. LOCATION (City, town, or county) (State) Belleville Ill
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24. FUNERAL DIRECTOR J Dewey Holten Jr	ADDRESS 1717 State	25. DATE RECD. BY LOCAL REG. NOV 3 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 NOT EMBALMED, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Dewey Keltner Jr.

Licensed Embalmer No. _____

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.