

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040437

FILED VS NOV 9 1960

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3139

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KIRKWOOD</b>		Length of stay in 1b	c. CITY OR TOWN <b>Cedar Hill Mo</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Joseph Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>GEORGE B. RADEACKER</b>			4. DATE OF DEATH Month Day Year <b>10 28 60</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 12 1883</b>	9. AGE (last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retail grocery</b>		11. BIRTHPLACE (City and state or country) <b>St Louis</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Louis RADEACKER</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH RICK</b>	14. NAME OF HUSBAND OR WIFE <b>MARGOROT RADEACKER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>286-14-9992</b>	17. INFORMANT Address <b>MARGOROT RADEACKER Cedar Hill</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>
IMMEDIATE CAUSE (a)	<b>Posterior Myocardial infarction</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Arterio Sclerotic Heart Disease</b>	
DUE TO (b)		
DUE TO (c)		

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
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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
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21. I attended the deceased from **through 1957** to **date** and last saw him alive on **10/20/60**.  
Death occurred at **10:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Frank Huck M.D.</b>	22b. ADDRESS <b>Fenton, Mo.</b>	22c. DATE SIGNED <b>10/29/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/31/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill Bur Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Cedar Hill Mo</b>
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24. FUNERAL DIRECTOR <b>Drimmer Funeral Home Home Springs Mo</b>	25. DATE RECD. BY LOCAL REG. <b>10-29-60</b>	26. REGISTRAR'S SIGNATURE <b>J. E. Murphy M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 12 1960

DEC 8 1961

DEC 15 1961

VS APR 14 1961

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 Hubert J. Law Jr.

Licensed Embalmer No. 4800

P. O. Address Richwood 22

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.