

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7943** STATE FILE NUMBER

AMENDED

**FILED SEP 6 1961**

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **15 yrs.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Lukes** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **5731 Enright** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **JOSEPH** Middle **W.** Last **KADESTY** 4. DATE OF DEATH **August 25, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **12/8/1899** 9. AGE (last birthday) **61**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman** 10b. KIND OF BUSINESS OR INDUSTRY **Photography** 11. BIRTHPLACE (City and state or country) **Worthington, Minn.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Meyer Kadesky** 13b. MOTHER'S MAIDEN NAME **(unk)** 14. NAME OF HUSBAND OR WIFE **Ruth**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) **Yes** 16. SOCIAL SECURITY NO. **Unk.** 17. INFORMANT **Ruth Kadesky 5731 Enright Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Respiratory failure** INTERVAL BETWEEN ONSET AND DEATH **1 hour**  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) **541.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Bleeding duodenal ulcer** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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 \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **8/6/61** to **8/25/61** and last saw him alive on **8/25/61**  
 Death occurred at **11:00 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **George B Rader MD** 22b. ADDRESS **457 N. Kingshighway** 22c. DATE SIGNED **8/25**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Rem.** 23b. DATE **8/25/61** 23c. NAME OF CEMETERY OR CREMATORY **Hebrew Cem.** 23d. LOCATION (City, town, or county) **Minneapolis, Minn.** (State)

24. FUNERAL DIRECTOR **Berger Memorial 4715 McPherson** ADDRESS **Minneapolis, Minn.** 25. DATE RECD. BY LOCAL REG. **AUG 25 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DATE AMENDED **9/2**

INSTEAD OF

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

*Amended: -Mildred Bergery. Cause see Part 2*

**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 Lawrence J. DeWitt

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.