

**FILED SEP 28 1943**

Registration District No. **18** Primary Registration District No. **1003**

1. PLACE OF DEATH

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days) **7, 10**

In this community (Specify whether years, months or days) **7, 10**

3. (a) PRINT FULL NAME **PAUL CLIFTON CASH**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

7. Birth date of deceased **Dec 25-1942**  
(Month) (Day) (Year)

8. AGE: Years **0** Months **8** Days **18** If less than one day hr. min.

9. Birthplace **Valley Park Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **mil**

11. Industry or business

12. Name **George Cash**

13. Birthplace **Valley Park Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Kitty Taber**

15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George Cash**

(b) Address **Valley Park Mo**

17. (a) **Burial** (b) Date thereof **9-15-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cem. Pond Mo.**

18. (a) Signature of funeral director **Shrader Funeral Home**

(b) Address **Ballwin Mo.**

19. (a) **SEP 11 1943** (b) **J. Fredrick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**  
(c) City or town **Valley Park, 16**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Waverly St** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **13**  
year **1943** hour **6** minute **00** A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Dehydration, acute pyelitis**  
Due to **acute renal malnutrition**

Due to \_\_\_\_\_  
Other conditions (Includes pregnancy within 3 months of death) **1/2**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature **James J. P. ...** (M.D. or other)  
Address **1300 E. ...** Date signed **9/14/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1570

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**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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed William J. Hions.....

Licensed Embalmer No. 4319.....

P. O. Address St Louis, Mo......

**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 this body is not embalmed, fact should be so stated above.**