

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11750

State File No.

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Foristell Mo 1070</u>	
c. LENGTH OF STAY (in this place) <u>2 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>South of Foristell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u> b. (Middle) <u>Paul</u> c. (Last) <u>Paul</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, () WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Sept 3</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 YEAR Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Warren Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			

13a. FATHER'S NAME <u>Fritz Paul</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Finke</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helan Paul</u> ADDRESS <u>New Melle</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic renal</u>		DUE TO (b) <u>hypertensive cordis - vascular 4/4/27</u>			when <u>when</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>renal disease</u>			when <u>when</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Prostatic Hypertrophy</u>					when <u>when</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec 28, 1949, to Feb 28, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold Hochstein</u> (Degree or title)		23b. ADDRESS <u>Warrenton Mo</u>		23c. DATE SIGNED <u>Feb 28 50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cappelen Cemetery near New Melle Mo</u>	
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DATE REC'D BY LOCAL REG. <u>March 4 1950</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Mary Portgull</u> ADDRESS <u>one</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

90
5

RECEIVED
MAR 13 1950
District Health Officer No. 9

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.

Signed _____

Miss M. M. M. M. M.

Signed _____
Student Embalmer

Licensed Embalmer No. *2467*

P. O. Address *Wentzville*

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.

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