

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21619**  
**5286**  
Registrar's No. \_\_\_\_\_

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>St. Louis</b> c. LENGTH OF STAY (in this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address and location) <b>Enroute to City Hall</b> <b>City, Missouri</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2129</b> d. STREET ADDRESS (If rural, give location) <b>5124 Cates Ave., 0</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>PAUL</b> b. (Middle) <b>V.</b> c. (Last) <b>HILL.</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 15, 1950.</b>	
<b>5. SEX</b> <b>Male 0</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married /</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 24, 1901.</b>
<b>9. AGE</b> (In years last birthday) <b>48</b> # UNDER 1 YEAR Months # UNDER 24 HRS. Days Hours Min.		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Saleman</b>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis, Mo. 0</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>		<b>13a. FATHER'S NAME</b> <b>John Payne</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Vasquez</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Virginia Hill</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>492-16-0229</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME ADDRESS</b> <b>Virginia Hill, 5124 Cates Ave.,</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Acute Coronary Heart failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>Infarction of the Myocardium</b> DUE TO (c) <b>Arteriosclerotic Heart disease</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>H250</b>			
<b>22. I hereby certify that I attended the deceased from 5-14-1950, to 6-10-1950, that I last saw the deceased alive on 6-10-1950, and that death occurred at 4:45 A.M. from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Marshall B. Conrad, M.D.</b>		<b>23b. ADDRESS</b> <b>5535 Helina</b>	
<b>23c. DATE SIGNED</b> <b>6-16-50</b>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial 0</b>	
<b>24b. DATE</b> <b>June 17, 1950.</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cem.</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>J. B. Foster</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Jos. W. Clark, 1125 Hodiamont Ave.,</b>		<b>ADDRESS</b>	

Dr. Marshall Conrad  
RE. 0119.

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Alfred J. Boeleker*

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.,

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.