

FILED MAR 1 1951

STANDARD CERTIFICATE OF DEATH

5735  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>St. Charles Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis County (Baden Station)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 606, Twillman Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Paulsen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1951</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 27, 1893</u>	9. AGE (In years last birthday) <u>57</u>	10 UNDER 1 YEAR <u>6</u> MONTHS	11 UNDER 1 MIN. <u>15</u> HOURS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck gardener</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GARDNER.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, MO. (U)</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Paulsen</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Sexauer</u>	14. NAME OF HUSBAND OR WIFE <u>Marie E. Paulsen--wife</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie E. Paulsen</u>	ADDRESS <u>Box 606 Twillman Ave.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun Shot Wound (shotgun) right arm</u>	DUE TO (b) <u>Compounded comminuted fracture humerus</u>	<u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Gas Bacillus Infection</u>	<u>radial palsy, + extensive muscle damage</u>	<u>5 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>899110</u>	<u>2 days</u>

19a. DATE OF OPERATION <u>2-11-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Extensive bone + soft tissue injury.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>Farm - Hunting</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>400</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 11 1951 11a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>accidental discharge of 12 gauge shotgun.</u>
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22. I hereby certify that I attended the deceased from 2-11, 1951, to 2-17, 1951, that I last saw the deceased alive on 2-16, 1951, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Russell Heider, M.D.</u>	23b. ADDRESS <u>St Charles, Mo</u>	23c. DATE SIGNED <u>2-17-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-20-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Mem. Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 24-51</u>	REGISTRAR'S SIGNATURE <u>Russell Heider</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>	ADDRESS <u>4828 Nat'l Bridge Blvd. St. Louis, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

File No.  
DISTRICT HEALTH OFFICE No. 4

FEB 27 1951

RECEIVED

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Ralph C. Lindus

Licensed Embalmer No. 4225

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.