

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35483**  
Registrar's No. **8729**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>35483</b>		Registrar's No. <b>8729</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>			c. LENGTH OF STAY (in this place) <b>18 Days</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			<b>2269</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>				26 STREET ADDRESS (If rural, give location) <b>1950 Palm Street</b>							
3. NAME OF DECEASED (Type or Print) <b>Violet L. Paris</b>			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH <b>Oct. 1, 1951.</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			8. DATE OF BIRTH <b>Feb. 12, 1906</b>			9. AGE (In years last birthday) <b>45</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Michael Cummings</b>				13b. MOTHER'S MAIDEN NAME <b>Alice Green</b>				14. NAME OF HUSBAND OR WIFE <b>Mr. Eugene Paris</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Paris, 1950 Palm Street.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uraemia</b> ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Renal failure</b> DUE TO (c) <b>Hydrocephalus</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive C.V.D.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>6 days</b> <b>years.</b>	
19a. DATE OF OPERATION <b>24 Sept</b>				19b. MAJOR FINDINGS OF OPERATION <b>Hydrocephalus</b>				20. AUTOPSY? YES <input checked="" 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) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <b>601X</b>							
22. I hereby certify that I attended the deceased from <b>20 Sept, 1951</b> , to <b>1 Oct, 1951</b> , that I last saw the deceased alive on <b>1 Oct, 1951</b> , and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Math Hermann</b> (Degree or title) <b>M.D.</b>						23b. ADDRESS <b>4007 W. 8th St</b>			23c. DATE SIGNED <b>20 Oct 51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10/4/1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>				
DATE REC'D BY LOCAL REG. <b>OCT 3 1951</b>		REGISTRAR'S SIGNATURE <b>E. J. Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son Inc.</b> ADDRESS <b>2161 E. Fair Ave.</b>					

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

**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

*Horner W. Fritz*

Licensed Embalmer No. *3882*

P. O. Address *St. Louis*

**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.**