

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 73

923
1

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

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>	
c. LENGTH OF STAY (In place) <u>reside</u>		d. STREET ADDRESS (If rural, give location) <u>315 Chauncey</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 Chauncey</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u>	b. (Middle) <u>" Lidd "</u>	c. (Last) <u>Paule</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1953</u>
---	-----------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 19, 1897</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 24 HRS. Days <u>29</u>	IF UNDER 1 MIN. Hours <u>1</u>
--------------------	-------------------------------	--	--	---	------------------------------------	------------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>bartender</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>tavern</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Edward Paule</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Joerin</u>	14. NAME OF HUSBAND OR WIFE <u>Lucretia (nee Bross)</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucretia Paule, St. Charles</u>	ADDRESS <u>St. Charles</u>
---	--	--	-------------------------------

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, ashenia, 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>Due to Cerebral concussion and hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fall down stairs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>130 E9000 21</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles, St. Charles Mo.</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-18-53 1:15A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall downstairs</u>
---	---	--

22. I hereby certify that I attended the deceased from 185 A, 1953 to 3-18-53, that I last saw the deceased alive on 185 A, 1953, and that death occurred at 185 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Maria Marchony Carone</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>Wentzville Mo</u>	23c. DATE SIGNED <u>March 18-53</u>
--	----------------------------	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 20, 1953</u>	24c. NAME OF CEMETERY OR CREMATOR <u>St. Peter's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>
--	------------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>March 19, 1953</u>	REGISTRAR'S SIGNATURE <u>Hannie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dallman & Son</u>	ADDRESS <u>St. Charles, Mo.</u>
---	---	---	------------------------------------

APR 14 1953

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 Frank R. Amalano
Licensed Embalmer No. 4832
P. O. Address St. Charles, Md.

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.