

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

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26761**  
Registrar's No. **6312**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> <span style="float:right">2109</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>De Paul Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3637 Sullivan Avenue, 7,</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) _____ c. (Last) <b>PAUL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 23rd, 1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 28th, 1900</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Die Block Resurfacer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	9. AGE (In years last birthday) <b>53</b> If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <b>Saint Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Adam Paul</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Birk</b>	
14. NAME OF HUSBAND OR WIFE <b>Chloe P. Paul nee Noble</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no. or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Chloe P. Paul, 3637 Sullivan Avenue, 7,</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		<p style="text-align:center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thromboses cerebellum/artery</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ 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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR? <b>332X</b>	
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 <b>6-20-53</b> 19 <b>53</b> , to <b>6-23</b> , 19 <b>53</b> that I last saw the deceased alive on <b>6-23</b> , 19 <b>53</b> and that death occurred at <b>5:25P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Chas. J. [Signature]</b>		23b. ADDRESS <b>6000 W. Flourissant</b>	
23c. DATE SIGNED <b>6-24-53</b>		24. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <b>6/26/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
DATE RECD BY LOCAL <b>JUN 24 1953</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>ALVIN F. FEUTZ, 4828 Natural Bridge Blvd.</b>	

(Licensed Embalmer's Statement on Reverse Side)

FILE IN CITY

(WEDNESDAY ONLY)

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 Ralph C. Lindsey

Licensed Embalmer No. 4275

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.