

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29142

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7001

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF LIFE		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4224 Lexington Avenue, 15,				e. STREET ADDRESS (If rural, give location) 4224 Lexington Avenue, 15, 2109			
3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK			b. (Middle) WILLIAM		c. (Last) PAUL,		4. DATE OF DEATH (Month) (Day) (Year) July 26th, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6th, 1893		9. AGE (In years last birthday) 61	10. MONTHS 0	11. HOURS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-President		10b. KIND OF BUSINESS OR INDUSTRY Baldwin-Pope Marketing Co.		11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Adam Paul		13b. MOTHER'S MAIDEN NAME Susan Birk		14. NAME OF HUSBAND OR WIFE Marguerite Paul nee Velten			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred W. Paul, 4224 Lexington Avenue, 15			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction					4 hrs	
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Coronary Thrombosis					?	
	DUE TO (c) Arteriosclerotic Heart Disease					8 yrs	
	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 type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from Feb. 1, 1950, to July 26, 1954, that I last saw the deceased alive on July 26, 1954, and that death occurred at 4:50P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. Mueller, M.D.				23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 7-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/29/54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 29 1954 G. Carl Smith		FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ		ADDRESS 4328 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.			

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.....  
Signature of Student Embalmer

Signed..... *Ralph C. Laidlaw*

Licensed Embalmer No. *427*

P. O. Address *54 Laidlaw*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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