

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36054
Registrar's No. 8760

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 36054		Registrar's No. 8760			
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 township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis Altenheim				e. STREET ADDRESS (If rural, give location) 15 5408 So. Broadway 21590							
3. NAME OF DECEASED (Type or Print) a. (First) Paul			b. (Middle) J		c. (Last) Tix		4. DATE OF DEATH (Month) (Day) (Year) Sept 26 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Sept 12, 1862		9. AGE (In years last birthday) 92	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Germany			12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME UNK			13b. MOTHER'S MAIDEN NAME UNK			14. NAME OF HUSBAND OR WIFE UNK					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS St. Louis Altenheim 5408 So. Broadway							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ca of stomach INTERVAL BETWEEN ONSET AND DEATH 5-6 days 6-10 yrs 6 months						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____									
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? 443X							
22. I hereby certify that I attended the deceased from Sept. 1 st , 1954, to Sept. 25 th , 1954, that I last saw the deceased alive on Sept. 24 th , 1954, and that death occurred at 7:40p.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Erud Younger, M.D.				23b. ADDRESS 3624 Russell				23c. DATE SIGNED 9-26-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/28/54	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) 7901 Gravois		(State) Lemay Mo.				
DATE REC'D BY LOCAL REG. SEP 27 1954		REGISTRAR'S SIGNATURE J. Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 So. Grand						

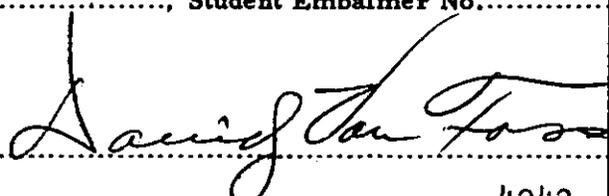
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Ernest Younger
3624 Russel

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.....


Licensed Embalmer No. 4242

P. O. Address 6322 So Gray

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.