

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2864

FILED FEB 2 - 1955

State File No. ....

BIRTH NO. 12315-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0175

I. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
b. STATE Missouri c. COUNTY

b. CITY OR TOWN St. Louis 6 c. LENGTH OF STAY (In this place)

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hospital

STREET ADDRESS (If rural, give location) 1725 Preston Place

3. NAME OF DECEASED a. (First) Paul b. (Middle) Patrick c. (Last) Mickey

4. DATE OF DEATH (Month) (Day) - (Year) 1 7 55

5. SEX M O

6. COLOR OR RACE w

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) o

8. DATE OF BIRTH 1-25-1954

9. AGE (In years last birthday) 11 MONTHS 11 DAYS 11 IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, MO

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Floud Mickey

13b. MOTHER'S MAIDEN NAME Lona McKinley

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Haberer 500 S. Kingshighway

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) aortic stenosis  
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. pneumonia

INTERNAL BETWEEN ONSET AND DEATH Not known

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7544

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6-1955, to 1-7-1955, that I last saw the deceased alive on 1-7-1955, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. L. Hunter

23b. ADDRESS Childrens Hospital

23c. DATE SIGNED 1-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/8/55

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St Louis Missouri.

DATE REC'D BY LOCAL REG. JAN 7 1955 REGISTRAR'S SIGNATURE J. Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av

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 *Reinhold K. Lohman*

Licensed Embalmer No. *33*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.