

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13558
State File No.

318

1003

2033
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2033			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 2 1/2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Lemay 4860					
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 1214 Telegraph Road					
3. NAME OF DECEASED (Type or Print) a. (First) Paul			b. (Middle) R.		c. (Last) Konzelman		4. DATE OF DEATH (Month) (Day) (Year) March 2, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH September 16, 1874		9. AGE (In years) (Month) (Day) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician			10b. KIND OF BUSINESS OR INDUSTRY Medical		11. BIRTHPLACE (State or foreign country) Columbus, Illinois			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dr. Andrew Phillip Konzelman				13b. MOTHER'S MAIDEN NAME Elizabeth Hendrickson			14. NAME OF HUSBAND OR WIFE Mabel L		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Spanish-American			16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur P. Konzelman 1214 Telegraph Rd. Lemay				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with Decompensation						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		ANTECEDENT CAUSES Morbidity 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 Carcinoma of Prostate with Metastasis Conditions contributing to the death but not related to the disease or condition causing death.						3 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200ft					
22. I hereby certify that I attended the deceased from 11-7- , 19 50 , to 3-2- , 19 55 , that I last saw the deceased alive on 3-2- , 19 55 , and that death occurred at 9 P. m., from the causes and on the date stated above.									
23a. SIGNATURE John J. Roth (Degree or title) M.D.				23b. ADDRESS 634 N. Grand Blvd.			23c. DATE SIGNED 3-4-55		
24a. BURIAL-CREMA-TION-REMOVAL (Specify) Removal		24b. DATE March 7, 1955		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City; town, or county) (State) Jefferson Bks. Mo.			
DATE REC'D BY LOCAL REG. MAR 4 1955		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway				

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *7814 J. Broadway*.....

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.