

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. **42141**  
Registrar's No. **11254**

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MO.</b>	c. LENGTH OF STAY (In this place) <b>19 DAYS</b>	c. CITY OR TOWN <b>ST. LOUIS</b>	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 <b>ALEXIAN BROTHERS HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>15 4227 BINGHAM</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>PAUL</b> b. (Middle) _____ c. (Last) <b>HARDING</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-20-1955</b>
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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>JUNE 29, 1884</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHEETMETAL WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MEDART CO.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>JOSEPH HARDING</b>	13b. MOTHER'S MAIDEN NAME <b>CAROLINE HACKMANN</b>	14. NAME OF HUSBAND OR WIFE <b>DELPHINE HARDING</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>491-14-9055</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. DELPHINE HARDING</b>	ADDRESS <b>4227 BINGHAM</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hours</b> <b>1-2 yrs.</b> <b>1-2 yrs.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart dis.</b>		
	DUE TO (c) <b>Carcinoma-transverse colon</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma-transverse colon</b>		<b>1 yr.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <b>St. Louis, Mo.</b>
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

22. I hereby certify that I attended the deceased from **12/1/55**, to **12/20/55**, 19\_\_\_, that I last saw the deceased alive on **12/20/55**, 19\_\_\_, and that death occurred at **9 p.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. A. Mezera M.D.</b> (Degree or title)	23b. ADDRESS <b>539 No. Grand</b>	23c. DATE SIGNED <b>12/23/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>12-24-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MO</b>
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DATE REC'D BY LOCAL REG. <b>DEC 23 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Howard Thiel</b>	ADDRESS <b>5930 Southwood</b>
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**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 *Ronald O. Yakub*.....

Licensed Embalmer No. *391*.....

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.