

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17529**

FILED JUN 1 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4809**

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) ST. LOUIS Mo		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE Hosp. 16		e. STREET ADDRESS (If rural, give location) 3715 S. COMPTON	
3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) - c. (Last) BACKER		4. DATE OF DEATH (Month) (Day) (Year) MAY 14 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPT 2 1897
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEER BOTTLER		10b. KIND OF BUSINESS OR INDUSTRY ANHEUSER-BUSCH	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME PAUL BACKER SR.	
13b. MOTHER'S MAIDEN NAME MARY MILCIC		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 495-12-7585	17. INFORMANT'S SIGNATURE OR NAME LYDIA KRIZEK ADDRESS 3417^a DUNNICA	
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) Carcinoma of the Lung 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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?	
22. I hereby certify that I attended the deceased from Oct 6, 1955 to 5-14, 1956 , that I last saw the deceased alive on 5-13, 1956 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE John W. Berry (Degree or title) M.D.		23b. ADDRESS 634 North Grand	23c. DATE SIGNED 5-12-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 17 1956	24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
DATE REC'D BY LOCAL REG. MAY 18 1956	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Peter ADDRESS 2906 Travis	

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

3-5-21
04-2-7/21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo J. Budde*

Licensed Embalmer No. *394*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.