

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22392**
Registrar's No. **1491**

FILED JUL 2 1956

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. CITY OR TOWN Lakewood 4810	
c. LENGTH OF STAY (In this place) 9 days		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lemay Nursing Home		e. STREET ADDRESS (If rural, give location) 7914 Fleta	
3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) H. c. (Last) Dirksen		4. DATE (Month) (Day) (Year) OF DEATH June 18, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 14, 1889
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cabinet maker	11. BIRTHPLACE (City and State or Foreign Country) Berlin, Germany
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cabinet maker		10b. KIND OF BUSINESS OR INDUSTRY Carpentry	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Christian Dirksen		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Clara Dirksen (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-01-5835	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gerhard Kromat 751 Ruprcht.
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral infarction; fatty liver; slight brain atrophy, generalized; generalized arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis (Attempted suicide 5/11/56 by shooting self in head; left eyeball removed and lost sight in right eye - treated at County Hosp. and then removed to Nursing Home) - No indication that the bullet actually entered the cranial cavity proper. DUE TO (c) lost sight in right eye - treated at County Hosp. and then removed to Nursing Home) - No indication that the bullet actually entered the cranial cavity proper.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332XF #925	
20a. ACCIDENT (Specify) Natural causes		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lemay	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		21. HOW DID INJURY OCCUR? Natural disease process	
21d. TIME (Month) (Day) (Year) OF INJURY June 18, 1956		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ronald J. Hillmann Coroner		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 6-21-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE 6/20/56	
24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 6-19-56		REGISTRAR'S SIGNATURE Herbert A. Donahue	
25. FUNERAL DIRECTOR'S SIGNATURE John L. Ziegenheinz & Sons		ADDRESS 7027 Gravois	

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.....

Licensed Embalmer No. 4863

P. O. Address 7077 Brook

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.