

Health,  
& Welfare  
Public  
Service

S. 300  
7. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1956

318

1003

25182

STATE FILE NUMBER

6447

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN 4000 Appton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEPaul Hospital		d. STREET ADDRESS 7314 Cheshire	
3. NAME OF DECEASED (Type or print) First Middle Last Max W Paffrath		4. DATE OF DEATH Month Day Year July 8, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 5, 1917
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. of Meter readers		9b. AGE (In years last birthday) 38	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. of Meter readers		10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Max Paffrath		14. MOTHER'S MAIDEN NAME Wilhelmina Scherrer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 489-01-7887	
17. INFORMANT Dorothy Paffrath		Address 7314 Cheshire	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular fibrillation</i> DUE TO (b) <i>acute Coronary Occlusion to</i> DUE TO (c) <i>anterior Myocardial infarction</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>chronic hypertension</i>			INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i> <i>12 hrs</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
21. TIME OF INJURY Hour 'a. m. / Month / Day, Year <i>4:20 p. m. / 7-7-56</i>		22. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>420-1</i>	
23a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23b. CITY, TOWN, OR LOCATION 8515 Delmar	
23c. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		23d. COUNTY Jeff. Bks, Mo	
23e. STATE		23f. STATE	
21. I attended the deceased from <i>7-7-56</i> to <i>7-8-56</i> and last saw <i>him</i> alive on <i>7-8-56</i> Death occurred at <i>12:30 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Richard J. McArthur M.D.</i>	
22b. ADDRESS <i>8515 Delmar</i>		22c. DATE SIGNED <i>7/9/56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/11/56	
23c. NAME OF CEMETERY OR CREMATORY National Cem		23d. LOCATION (City, town, or county) Jeff. Bks, Mo	
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. JUL 10 1956	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		26. REGISTRAR'S SIGNATURE <i>mdb</i>	

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001-710-11

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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.....  
*Harry J. Schumaker*  
Licensed Embalmer No. 76

P. O. Address 5611 S.....

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