

FILED SEP 7 1956

STANDARD CERTIFICATE OF DEATH

State File No. 28956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6524

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, write RURAL and give township) OR TOWN St. Louis Missouri.		c. LENGTH OF STAY (in this place) 3 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		c. CITY OR TOWN University City, 5, d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 1156 Midland AVE.	

3. NAME OF DECEASED (Type or Print)	a. (First) EVARD	b. (Middle) WOODWARD	c. (Last) PAULSON	4. DATE OF DEATH (Month) (Day) (Year) July 11 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 30, 1911	9. AGE (In years last birthday) 44.	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book-keeper	10b. KIND OF BUSINESS OR INDUSTRY Kohler Printing Co.	11. BIRTHPLACE (City and State or Foreign Country) Chicago Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME C. Edward Paulson	13b. MOTHER'S MAIDEN NAME Lillian K. Woodward	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 703-05-7733	17. INFORMANT'S SIGNATURE OR NAME Howard Kessler	ADDRESS 1156 Midland Ave. U-City
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage due to		4 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Extensive pelvic carcinoma DUE TO (c) adenocarcinoma of rectum		8 months 18 months
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 154 x	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-23, 1955, to 7-11, 1956, that I last saw the deceased alive on 7-11, 1956, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Keith S. Wilson, MD	23b. ADDRESS 4952 Maryland Ave	23c. DATE SIGNED 7-12-56
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24a. BURIAL, CREMATION, REMOVAL removal	24b. DATE 7-14-56	24c. NAME OF CEMETERY OR CREMATORY Bethel Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Atwater, Illinois
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DATE REC'D BY LOCAL REG. JUL 12 1956	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton and Sons	ADDRESS 7233 Delmar Blv'd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2 yrs.

Do #1 - 291d.  
1:50 To 3:30 P.M. THURSDAY

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 *Clarence H. Mu*.....

Licensed Embalmer No. *401*.....

P. O. Address *St. Louis, Mo*.....

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.