

FILED SEP 21 1956

DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32234

STATE FILE NUMBER 7856

Registration District No. 318 Primary Registration District No. 1003 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			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4919 Natural Bridge Blvd.				Length of stay in lb 30 yrs		STREET ADDRESS (If outside, give location) 4919 Natural Bridge Blvd	
3. NAME OF DECEASED (Type or print) First PAUL Middle H. Last MADER				4. DATE OF DEATH AUGUST 24, 1956 Month Day Year			
5. SEX MALE <input checked="" type="checkbox"/>		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH NOVEMBER 29, 1873	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-CITY LINEMAN		10b. KIND OF BUSINESS OR INDUSTRY TELEGRAPH		11. BIRTHPLACE (City and state or country) SAN ANTONIO, TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME FRIDOLIN MADER				14. MOTHER'S MAIDEN NAME ANNA GROlich			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address A.W. MADER, Rt. 1, Box 388, SEGUIN, TEXAS.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of Head							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) E976x							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self-inflicted in room at North Western Hotel, on August 24 1956					
20c. TIME OF INJURY Hour a. m. p. m. 8 24 56 24 1956		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 945 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Patrick C. Raylor, Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 8.25.56	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8/27/56.	23c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.		
24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ FUNERAL HOME, INC. 4828 Natural Bridge Blvd., St. Louis, 15, Mo.				25. DATE RECD. BY LOCAL REG. AUG 25 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.	

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-56

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed *John A. Medina*

Licensed Embalmer No. *41*

P. O. Address *St. Louis*

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.