No. 300
10.48

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

FILED OCT 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36026

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8568

1. PLACE OF DEATH
a. COUNTY: Mc Millan Hospital
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mc Millan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Robertson 4000
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Rt 2 Box 500

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): A.
c. (Last): Paul

4. DATE OF DEATH (Month) (Day) (Year): Sept. 15 1956

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 24, 1887
9. AGE (In years last birthday): 68 — 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): Tavern Owner
10b. KIND OF BUSINESS OR INDUSTRY: TAVERN
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Alfred Paul
13b. MOTHER'S MAIDEN NAME: Hattie Goesling
14. NAME OF HUSBAND OR WIFE: Artie P. Paul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no
16. SOCIAL SECURITY: 499-01-2263
17. INFORMANT'S SIGNATURE OR NAME: Artie P. Paul — ADDRESS: Rt2 Box 500 Robertson

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cancer of larynx — INTERVAL BETWEEN ONSET AND DEATH: unk
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 161X

19a. DATE OF OPERATION: 9-7
19b. MAJOR FINDINGS OF OPERATION: Cancer of Larynx & Neck dissection
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-9-, 19 56, *to* 9-15-, 1956, *that I last saw the deceased alive on* 9-15-, 19 56 *and that death occurred at* 8:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph H. Ogura (Degree or title) Joseph H. Ogura, MD
23b. ADDRESS: 640 S Kingshighway
23c. DATE SIGNED: 9-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-56
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: SEP 17 1956
REGISTRAR'S SIGNATURE: Paul Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Colliers Mortuary 10123 St. Chas.Rd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Sheldon Collier

Licensed Embalmer No 338

P. O. Address 10123 St.

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