

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 2 6 8 6  
State File No.

FILED JUN 26 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5796**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <b>MISSOURI.</b> c. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS.</b>		c. LENGTH OF STAY (in this place) <b>LIFE.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>32 St. Luke's Hospital</b>		STREET ADDRESS (If rural, give location) <b>207 4834 Sacramento Ave.</b>	
3. NAME OF DECEASED (Type or Print) <b>PAUL H. LOCKHAUSE.</b>		a. (First) <b>PAUL</b>	b. (Middle) <b>H.</b>
4. DATE OF DEATH <b>June 19 1957</b>		5. SEX <b>Male.</b>	
6. COLOR OR RACE <b>White.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	
8. DATE OF BIRTH <b>May 15, 1889</b>		9. AGE (In years last birthday) <b>68</b>	
10a. USUAL OCCUPATION (Give kind of work set of working life, even if retired) <b>Retired Maintenance Man.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kenffell Esser.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>	
13a. FATHER'S NAME <b>JOHN LOCKHAUSE.</b>		13b. MOTHER'S MAIDEN NAME <b>KATHERINE SCHOETTLER</b>	
14. NAME OF HUSBAND OR WIFE <b>MRS. JULIA LOCKHAUSE</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO.</b>	
16. SOCIAL SECURITY NO. <b>492-07-0349</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. JULIA LOCKHAUSE.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>To pneumonia lung rt.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>-</b> DUE TO (c) <b>-</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>163x</b>		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>6-17</b> , 19 <b>57</b> , to <b>6-19</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>6-17</b> , 19 <b>57</b> , and that death occurred at <b>1:45 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Raymond J. Dunsenman</b>		23b. ADDRESS <b>4313 North Bridge</b>	
23c. DATE SIGNED <b>6/24/57</b>		24. LOCATION (City, town, or county) (State) <b>ST. Louis County, Mo.</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <b>June 22, 1957</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE Cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 21 57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	
25. CALVIN F. TRUZE FUNERAL HOME INC. <b>4828 Natural Bridge Blvd. St. Louis Mo.</b>		26. REGISTRAR'S SIGNATURE <b>5.0</b>	

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 *John A. Mlinar* .....  
Licensed Embalmer No. 418

P. O. Address *St. Louis* .....

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.