

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38768

STATE FILE NUMBER

FILED NOV 15 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2652

Health & Welfare Public Service

S. 300
I-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Secure the medical certificate in the same manner required by 193.140 MoKS 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Rural Meramec Twsp.</u> TOWN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>4000 0 Rural-Meramec Twsp</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wild Horse Creek Rd.</u>		Length of stay in lb <u>40 YEARS</u>	
3. NAME OF DECEASED (Type or print) First <u>Valentine</u> Middle <u>Daniel</u> Last <u>Paubel</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>25</u> Year <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 28 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clay pits</u>	9. AGE (In years last birthday) <u>80</u>
13. FATHER'S NAME <u>Julius Paubel</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Co., Mo.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO. <u>489-05-4551</u>		14. MOTHER'S MAIDEN NAME <u>Emma Yaeger</u>	
17. INFORMANT <u>Myrtle Paubel</u>		Address <u>Glencoe, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>4222</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((a)) <u>Diabetes mellitus</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	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 <u>5-8-1943</u> to <u>10-25-57</u> and last saw ^{her} him alive on <u>10-24-57</u> Death occurred at <u>10-25-57-11A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or title) <u>H. Ballwin</u>		22b. ADDRESS <u>Evans, Mo.</u>	22c. DATE SIGNED <u>10-25-57</u>
23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>10-27-57</u>	<u>Bethel Cemetery</u>	<u>Pond Missouri</u>
24. FUNERAL DIRECTOR <u>Schrader Funeral Home Ballwin, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10-26-57</u>
		26. REGISTRAR'S SIGNATURE <u>Hebeal R. Donkey</u>	

(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 embalmed

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Richard Bopp

Licensed Embalmer No. 458

P. O. Address *Ballwin*

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.