Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-003582

FILED FEB 10 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 967

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Alexian Bros. Hosp. — Length of stay in 1b: 6-hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: 2239
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ] 0
d. STREET ADDRESS (If outside, give location): 2713a So. 9th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Paul — Middle: Andrew — Last: Todd

4. DATE OF DEATH: Month: Jan. — Day: 25 — Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 29, 1924

9. AGE (In years last birthday): 34 — 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): Maintainance-Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Chas. Todd Co.

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Todd, Sr.

13b. MOTHER'S MAIDEN NAME: Theresa Ebel

14. NAME OF HUSBAND OR WIFE: DollyDianaBarton Todd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Korean War

16. SOCIAL SECURITY NO.: 497-20-3514

17. INFORMANT: Charles Todd — Address: 925 Fillmore

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Internal Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS [illegible] contributed to death but not related to the disease or condition in PART I (a): [illegible] between car operated by [illegible] Lindsay (St. Louis County) about 205 am. January 25, 1959. Cause and manner of safe conduct be determined

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT SUICIDE HOMICIDE: [ ] [ ] [ ] — Verdict Pending

20b. DATE OF INJURY OCCURRED (Enter month, day, and year): [illegible] Pending 61-67 South [illegible] Lindsay (St. Louis County) about 205 am. January 25, 1959. Cause and manner of safe conduct be determined

20c. TIME OF INJURY: 205 Hour a.m. / p.m. — Month, Day, Year: 1 25 59

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Auto

20f. CITY, TOWN, OR LOCATION: 400 — COUNTY: St Louis County — STATE: Mo

21. I attended the deceased from ..... to ..... and last saw her/him alive on ..... Death occurred at 820 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): [illegible] M.D.

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 1/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 29, 1959

23c. NAME OF CEMETERY OR CREMATORY: New Picker Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Wacker-Helderle — ADDRESS: 3634 Gravois

25. DATE RECD. BY LOCAL REG.: JAN 28 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Felix J. Krispin

Licensed Embalmer No. 3497

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.