

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
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-60-003906

FILED VS JAN 29 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 638** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY _____ b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Franklin c. CITY OR TOWN West Frankfort Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) 701 N. Madison Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First JOHN Middle _____ Last PAUL			4. DATE OF DEATH Month January Day 16 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-2-17	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months 7 Days 11	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) Orient, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Yahikim Paul			13b. MOTHER'S MAIDEN NAME Katharyn Susan		14. NAME OF HUSBAND OR WIFE Rose (Aubell) Paul		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 35-709-2410	17. INFORMANT Address 701 N. Madison Mrs. Rose Paul, West Frankfort, Ill				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Hypertension DUE TO (c) 331x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ Month, Day, Year _____							
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 7-6-59 to 1-16-60 and last saw her/him alive on 1-16-60 Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. R. Lemuck M.D.			22b. ADDRESS 453 N. Taylor Ave		22c. DATE SIGNED 1/18/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-20-60	23c. NAME OF CEMETERY OR CREMATORY Denning Cemetery	23d. LOCATION (City, town, or county) (State) West Frankfort, Illinois				
24. FUNERAL DIRECTOR E. St. Louis, Ill		25. DATE RECD. BY LOCAL REG. JAN 19 1960	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.				

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

452 44
4-6

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

Not Embalmed

Signed _____
[Signature]

Licensed Embalmer No. 3162
P. O. Address E. St. Louis I

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.