RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-043488

STATE FILE NUMBER

FILED VS DEC 14 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11842

DED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in Ib
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Statler Hotel 822 Washington — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Paul Middle: O Last: Daudt

4. DATE OF DEATH Month: December Day: 9th Year: 1960

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-24-1878
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Banker
10b. KIND OF BUSINESS OR INDUSTRY: St. Charles Mo.
11. BIRTHPLACE (City and state or country): St. Charles Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Carl Daudt
13b. MOTHER'S MAIDEN NAME: Anna (Unknown)
14. NAME OF HUSBAND OR WIFE: Lottye Daudt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Address: Mr. Sam Sievers 1010 Chemical Bld'g.

MEDICAL CERTIFICATION

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 arteriosclerosis with hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 334x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year

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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 3 1958 to Dec 9, 1960 and last saw him alive on Dec 8, 1960
Death occurred at 7:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles Silverberg, M.D.
22b. ADDRESS: 462 N. Taylor Ave.
22c. DATE SIGNED: 12/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
23b. DATE: 12-12-60
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Mausoleum
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: C.R. Lupton and Sons — ADDRESS: 7233 Delmar Blv'd.
25. DATE RECD. BY LOCAL REG.: DEC 9 1960
(Licensed Embalmer's Statement on Reverse Side)
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No.____

working under my personal supervision.

Student_____ Signed Clarence H. W

Signature of Student Embalmer

Licensed Embalmer No. 40

P. O. Address St. Lou

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