

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28911**
1978 ~~1117~~

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6026</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>none</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch, Mo.</u>		c. LENGTH OF STAY (in this place) <u>9-10 weeks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3041 New Ashland Place</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robt Koch Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>3041 New Ashland Place</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>C.</u> c. (Last) <u>Paris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 15 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10/5/88</u>		
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WKS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agricultural</u>		11. BIRTHPLACE (State or foreign country) <u>Chelsea, Okla</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Levi Paris</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Foster</u>			14. NAME OF HUSBAND OR WIFE <u>Edna Gilliland Paris</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>445-10-4253</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robt Koch Hosp. Record, Koch, Mo.</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Syphilis & Aortic Aneurism</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>MO2X</u> <u>unknown</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>6/10</u> , 1949, to <u>8/15</u> , 1949, that I last saw the deceased alive on <u>8/15</u> , 1949, and that death occurred at <u>7:25 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John W. Peckham, M.D.</u>			23b. ADDRESS <u>Robt Koch Hosp. Koch, Mo</u>			23c. DATE SIGNED <u>8/15/49</u>		
24. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>		24b. DATE <u>8-16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHELSEY CEM. CHELSEY OKLA</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>AUG 16</u>		REGISTRAR'S SIGNATURE <u>Robert R. Wozak, MD</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Curtis, 2906 Grand</u>				

(Licensed Embalmer & Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed Lea J. Budd

Signed _____

Student Embalmer

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.