

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25522

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1782

| | | | |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hgt S</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2179</u> | |
| c. LENGTH OF STAY (In this place) <u>4 Hrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>2904 Accomac St.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugene</u> b. (Middle) <u>F.</u> c. (Last) <u>Paust</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1950</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>Sept. 11, 1894</u> |
| 9. AGE (In years last birthday) <u>55</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Commercial Agent</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Commercial Agent</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
| 13a. FATHER'S NAME <u>William Paust</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Strohbeck</u> | 14. NAME OF HUSBAND OR WIFE <u>Ruth Paust</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes #1 W.W.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Paust, 2904 Accomac</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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>Sept</u> , 19 <u>45</u> , to <u>July 22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>July 22</u> , 19 <u>50</u> , and that death occurred at <u>8:20P</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Daniel L. P. ... M.D.</u> (Degree or title) | | 23b. ADDRESS <u>607 N. Grand Ave</u> | 23c. DATE SIGNED <u>7-24-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/26/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park Cem., St. Louis Co., Mo.</u> | 24d. LOCATION (City, town, or county) (State) |
| DATE REC'D BY LOCAL REG. <u>7-24-50</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Harbert C. Domb...</u> ADDRESS <u>Hacker Haldale Und. & Bur. Co. 3634 Gravois</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 4 1952

AUG 26 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
Frank J. Gyland Sr.

Licensed Embalmer No. *2675*

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.