

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14548

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 891		
1. PLACE OF DEATH a. COUNTY St. Louis, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson				
b. CITY (If outside corporate limits, write RURAL and give town) Bella Villa		c. LENGTH OF STAY (in this place) 2 Months		c. CITY (If outside corporate limits, write RURAL and give township) Rock Township 0500		d. STREET ADDRESS (If rural, give location) Near Imperial, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 726 Bella Villa St.								
3. NAME OF DECEASED a. (First) ROBERT			b. (Middle) PAUL			c. (Last) PAUL		
4. DATE OF DEATH Apr. 13, 1954			5. SEX 0 male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	
8. DATE OF BIRTH Sept. 24, 1867		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 4 Days 19		IF UNDER 2 WKS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER - FARMING		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? U S.		
13a. FATHER'S NAME PETER PAUL		13b. MOTHER'S MAIDEN NAME CAROLINE PITTRICK		14. NAME OF HUSBAND OR WIFE ANNA (Deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Robert Paul Jr. Imperial, Mo. ADDRESS				
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor. Myocarditis						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis.						
		DUE TO (c)						
		11. 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 4221				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Lemay St. Louis Co., Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 1950, 19 to 4/13, 1954, that I last saw the deceased alive on 4/13, 1954, and that death occurred at 7:45 P.M., from the causes and on the date stated above.								
23a. SIGNATURE O. Keith M.D.				23b. ADDRESS Imperial Mo.		23c. DATE SIGNED 4/14/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE PR. 16 1954		24c. NAME OF CEMETERY OR CREMATORY ST. JOHNS CEMETERY		24d. LOCATION (City, town, or county) (State) BECK MO		
DATE REC'D BY LOCAL REG. 4-15-54		REGISTRAR'S SIGNATURE Herbert R. Domb 4.0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL MO				

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
Student Embalmer

Signed Elmer Halstead

Licensed Embalmer No. 3571

P. O. Address Imperial MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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