

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29199

7596

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis Mo.</u>		c. LENGTH OF STAY (in this place) <u>15 days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>James Kay, St. Louis.</u>				e. STREET ADDRESS (If rural, give location) <u>1362 S Sample Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) _____ c. (Last) <u>ROSEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/15/54</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>12/19/98</u>	
9. AGE (in years last birthday) <u>55</u>		10a. USUAL OCCUPATION (Give kind of work done during most of his life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanical</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pola nd</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state (unknown) (If yes, state year of service) <u>1918 WW2</u>		16. SOCIAL SECURITY NO. <u>486-22-4403</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Wolff Buder Bldg.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis - Generalized</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal Obstruction - Complete (Post operative)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7-14 days</u> <u>14 days</u>	
19a. DATE OF OPERATION <u>7/30/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Complete Volvulus of Small Bowel due to Post op Adhesions</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5705</u>			
22. I hereby certify that I attended the deceased from <u>7/30/1954</u> , to <u>8/15/1954</u> , that I last saw the deceased alive on <u>8/15/1954</u> , and that death occurred at <u>2 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Oliver Redford M.D.</u>				23b. ADDRESS <u>457 N. King Highway</u>		23c. DATE SIGNED <u>8/16/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem.</u>		24b. DATE <u>8/17/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 17 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>			

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

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

Signed .....
Licensed Embalmer No. 48

P. O. Address

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.