

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31787

FILED SEP 16 1954

State File No. \_\_\_\_\_  
Registrar's No. 7810

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 7810			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>23 1429 So. 10th., St.,</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				3. NAME OF DECEASED a. (First) <b>Paul</b> (Type or Print)		b. (Middle) _____		c. (Last) <b>Fodor</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8--23--'54</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>12--7--1876</b>		9. AGE (in years last birthday) <b>77</b>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>			11. BIRTHPLACE (State or foreign country) <b>Hungary</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Never Married</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>498-16-0984</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charlie Jovach - 2851 Lemp Ave</b>					
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) _____											
ANTECEDENT CAUSES											
Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.											
DUE TO (b) <b>Cirrhosis of Liver</b>											
DUE TO (c) <b>Generalized Arteriosclerosis</b>											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Sclerosis</b>											
19a. DATE OF OPERATION _____											
19b. MAJOR FINDINGS OF OPERATION _____											
20. AUTOPSY? YES <input checked="" 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) _____			21f. HOW DID INJURY OCCUR? <b>5810</b>		
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? <b>5810</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:15 A.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Patrick E. Taylor, Coroner</b>						23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>8-24-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8--25--'54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Pickers Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>AUG 24 1954</b>			REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Moydell Funeral Home, 1926v Allen</b>					

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 .....  
Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395

P. O. Address St. Louis 4 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.