

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2944

BIRTH NO. 5383-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. 0129
Registrar's No. 0129

1. PLACE OF DEATH a. COUNTY <u>X</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>X</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 hr 16 min</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>79 2011st Alford</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WAVA</u>			b. (Middle) <u>Ruth</u>		c. (Last) <u>Paul</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 6 - 55</u>		
5. SEX <u>Fe 1</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>1 - 6 - 55</u>		9. AGE (In years last birthday) <u>1</u> <u>16</u> <u>1</u> <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Fay Howard Paul</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Lou Kahler</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Lou Paul</u>				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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> INTERVAL BETWEEN ONSET AND DEATH <u>Lifetime</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) <u>7620</u>					
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>Jan 6, 1955</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:20</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Heroy E. Ellison M.D.</u>				23b. ADDRESS <u>3610 So Broadway, St. Louis Mo</u>			23c. DATE SIGNED <u>Jan 6, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JAN. 6 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>E. St. Louis ILL.</u>			
DATE RECD BY LOCAL REG. <u>JAN 6 1955</u>		REGISTRAR'S SIGNATURE <u>Earl Smith Md</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Joseph J. Kasler</u>		ADDRESS <u>E. St. Louis</u>		

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.....

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Joseph J. Cassidy*

Licensed Embalmer No. *75461*

P. O. Address *E. St. Louis*

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.