

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 506 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Affton		c. CITY OR TOWN Affton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 10 YEARS		e. STREET ADDRESS (If rural, give location) 7325 Gen. Sherman Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7325 Gen. Sherman Lane			

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) L. c. (Last) Meissbach, Jr.			4. DATE OF DEATH (Month) (Day) (Year) Jan 12 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried	8. DATE OF BIRTH Dec. 29, 1933	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) invalid		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Paul L. Meissbach		13b. MOTHER'S MAIDEN NAME Pauline C. Bunte		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul L. Meissbach, 7325 Gen. Sherman Lane	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 14 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) congenital deformity		
	DUE TO (c) malformation skeletal, & neuromuscular systems		
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 7531		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) (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 Jan 1950 , to 13 Jan 1955 , that I last saw the deceased alive on 12 Jan 1955 , and that death occurred at 10:30 Am. , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) Paul W. Paushel M.D.		23b. ADDRESS 5203 Chippewa		23c. DATE SIGNED 1/24/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/15/55		24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
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DATE REC'D BY LOCAL REG. 1/14/55		REGISTRAR'S SIGNATURE Herbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weiderwieden F.H. Inc., 1936 St. Louis Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Paul M. Parashak
5203 Chippewa St.,

Hrs. *no time*
Fee-1-3-6-8

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 *Delis J. Krupar* _____

Licensed Embalmer No. *34*

P. O. Address *H. J. ...*

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.