

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046145

STATE FILE NUMBER

Registration District No. \_\_\_\_\_

318 Primary Registration District No. 1003

Registrar's No. 12145

FILED DEC 22 1958

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If outside, give location) 1812 Alfred Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND W. PAULSEN SR.		4. DATE OF DEATH Month Day Year Dec. 15 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1887 Jan. 29, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Clerk (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Edward Paulsen		13b. MOTHER'S MAIDEN NAME Augusta Schaperkötter	14. NAME OF HUSBAND OR WIFE Della B. Paulsen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) None		16. SOCIAL SECURITY NO. 488-07-2383	17. INFORMANT Milwaukee, Wis. kway Raymond W. Paulsen 8710 N. Pelham Par
18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Endocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 421.4 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 yrs 6 mos
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ITEM 8, 9 3-5-59 DES CORRECTED	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		BY: 1. AFFIDAVIT OF <u>Juried Director</u> 2. DOCUMENT <u>Phoenix Mutual Ins. Policy # 460233 Date 5-5-1925</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>May 1956</u> to <u>Dec 15-1958</u> and last saw him alive on <u>Dec 15-1958</u> Death occurred at <u>11:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. H. Jost</u>		22b. ADDRESS <u>3700 N. Grand</u>	22c. DATE SIGNED <u>12/16/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-18-58	23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. DEC 16 '58	26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>

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All diseases in Part I must be causally related. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard W. Storaasli*

Licensed Embalmer No. *4007*

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.