

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011784
STATE FILE NUMBER

FILED APR 6 1959

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 665

300
1-57
59
93
0

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 OR TOWN VALLEY PARK Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MOLL NURSING HOME Length of Stay 1 MONTH		d. STREET ADDRESS (If outside, give location) 5600 DELOR Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last DR. PAUL D SAUM			4. DATE OF DEATH Month Day Year MAR 12 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR 11 1877
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DENTIST		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U-S-A	
13a. FATHER'S NAME PHILLIP SAUM		13b. MOTHER'S MAIDEN NAME AGNES KOECHER	14. NAME OF HUSBAND OR WIFE ANNIE SAUM (DECD)
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. unk. 17. INFORMANT Address MARIE KUNKLER 5600 DELOR	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of Lung DUE TO (c) 420.0H			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Feb. 16 - 59 to Mar 10 - 59 and last saw him alive on Mar. 10 - 59 Death occurred at 5:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Royal C. McLean M.D.		22b. ADDRESS Rockwood Mo.	22c. DATE SIGNED 3-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAR 14 1959	23c. NAME OF CEMETERY OR CREMATORY ST. PETER + PAUL	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
24. FUNERAL DIRECTOR ADDRESS Thomas Nuts 2906 Gravoie		25. DATE RECD. BY LOCAL REG. 3-13-59	26. REGISTRAR'S SIGNATURE J. C. Manly M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Jan 1-8091

Number 12 Noon Fri.
10-12-80

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 James C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Dan

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.