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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30841**
Registrar's No. **8118**

Registration District No. **791** Primary Registration District No. **1003**

FILED OCT 2 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **PAUL Wm. Pujol**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Irene Pujol** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **April 24 1875**
(Month) (Day) (Year)

8. AGE: Years **65** Months **5** Days **4** If less than one day hr. _____ min. _____

9. Birthplace **Portage DesSioux Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Freight Rep.**
11. Industry or business **Mobile & Ohio R.R.**

MOTHER FATHER { 12. Name **Henry Pujol**
13. Birthplace **Unknown**
14. Maiden name **Corinne Le Faivre**
15. Birthplace **Portage DesSioux Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Irene Pujol**
(b) Address **5502 Maple Ave.**

17. (a) **Burial** (b) Date thereof **10-1-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary St. Schumacher**

18. (a) Signature of funeral director _____
(b) Address **3013 Meramec St.**

19. (a) **SEP 30 1940** (b) **J.F. Brudeck**
(Date received local registrar) (Signature of embalmer)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. **5502 Maple Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **28**
year **1940** hour **6** minute **40 P.M.**
21. I hereby certify that I attended the deceased from **9-25**
19 **40** to **9-28** 19 **40**;

that I last saw him alive on **9-28-40** and that death occurred on the date and hour stated above.
Immediate cause of death **Cerebral Hemorrhage** Duration _____

Due to **Gen. arteriosclerosis & cerebral arteriosclerosis**

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **A.M. Boydner Keweenaw M.D.**
Address **Mo. Pac. Hosp** Date signed **9-28-40**

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.....

Clarence Kochow

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clarence Kochow

Licensed Embalmer No.

3093

P. O. Address.....

3013 Meramec

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: