No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40753
Registrar's No. 10537

Registration District No. FEB JAN 24 1942

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15yrs.6mos.21dys. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5814 W. Park 9
(If rural, give location)

(e) Citizen of foreign country? d (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Marie Paul

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Female 1

5. Color or race white

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ ~~married~~

6. (b) Name of husband or wife JOHN

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 21, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	1	1	hr. min.

9. Birthplace Unknown (City, town, or county) 6 Rumania (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 6 Rumania (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) 6 RUMANIA (State or foreign country)

16. (a) Informant L. Diggendorf
(b) Address 5300 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor ave

19. (a) DEC 31 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1941 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-41, 19__, to 12-22-41, 19__;
that I last saw her alive on 12-22-41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Chronic Hypertensive Heart-disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

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? (Specify type of place)
While at work? (e) Means of injury d

23. Signature Wm F McNamee (M. D. or other) MD
Address 5300 Arsenal St Date signed 1/6/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Don L Mueckany

Licensed Embalmer No. 4167

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.