S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1944 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5575

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. ~~1783~~ 96

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:
St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town Carsonville 0 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 8833 Alva Ave
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Evelyn R. Pauley

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J.A. Pauley

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 19, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	0	1	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name John A. Bender 0
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Pauline Eichenberger 5
15. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Joseph A. Pauley
(b) Address 8833 Alva Ave Carsonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/24/44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) FEB 23 1944 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20, year 1944 hour 3:10 AM minute ..... M.

21. I hereby certify that I attended the deceased from 2-10, 1943 to 2-20, 1944 that I last saw her alive on 2-19, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	10 days
Due to nephritis	1 yr.
Due to myocarditis	1 yr.
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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 0

23. Signature Herman J. Klaeder (M. D. or other) M.D.
Address 9621 Lockland Rd. Date signed 2-21-44

(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 Gustav W. Dietrle

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.