

FILED MAY 15 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3935

1. PLACE OF DEATH:

(a) County ~~St. Louis.~~
(b) City or town ~~St. Louis, County, Missouri.~~
(c) Name of hospital or institution: St. Lukes Hospital.
(d) Length of stay: In hospital or institution 2 Months, 4 Days
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis.
(c) City or town ~~St. Louis, County, Missouri.~~
(d) Street No. 3458 Charlack Avenue.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Edward M. Paine.

3. (b) If veteran, name war None 3. (c) Social Security No. 488-09-4448A

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Ruth Paine. 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased. October 31 1875

8. AGE: Years 68 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Louisiana, Missouri

10. Usual occupation Printer.

11. Industry or business _____

MOTHER FATHER { 12. Name Aloys L. Paine.

13. Birthplace Akron, Ohio.

14. Maiden name Alice Milroy

15. Birthplace Louisiana, Missouri

16. (a) Informant Mrs. Ruth Paine.

(b) Address 3458 Charlack, Avenue.

17. (a) Burial (b) Date thereof 4/29/44

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966 Easton Ave, St. Louis, Mo.

19. (a) _____ (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1944 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 2-23-44 to 4-26-44

that I last saw him alive on 4-26-44 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Secondary findings:

Hypertrophy of Prostate

Chronic Pulmonary Emphysema, non calculeous

Chronic Cystitis, catarrhal

Other conditions _____

Major findings: Of operations Previously operated on for rupture of bladder

Of autopsy Pulmonary embolism

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature _____ (M. D. or other) _____

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

000
17
9

46
MR.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. J. H. Sanford.
3110 Washington Ave.
Beaumont Building.
Hours 2 to 5 P.M.

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 Howard G. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis, Mo.

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.