

**FILED** MAR 27 1946  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **2563**

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: **3011a Cherokee**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3011a Cherokee**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary H. Paul**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Adam** 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased **May 21 1875**  
(Month) (Day) (Year)

AGE:	Years	Months	Days	If less than one day
	72	9	23	hr. min.

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

10. Usual occupation **House Wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **George Stephens**  
13. Birthplace **Not Known** (State or foreign country)  
14. Maiden name **Not Known**  
15. Birthplace **Not Known** (State or foreign country)

16. (a) Informant **George Reardon**  
(b) Address **3340 Virginia**

17. (a) **Burial** (b) Date thereof **3/16/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St Matthews**

18. (a) Signature of funeral director **J.L. Ziegenhein & Sons**  
(b) Address **7027 Grayois**

19. (a) **MAR 18 1946** (b) **J. J. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **14<sup>th</sup>**  
year **1946** hour **3:22** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 10<sup>th</sup>**, 19**46** to **Mar 14**, 19**46**  
that I last saw her alive on **Mar 10**, 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Duration **Two Weeks**

Due to **92%**  
Due to \_\_\_\_\_

Other conditions **myocardial inf?**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **Leo E. Wilinski** (M. D. or other) \_\_\_\_\_  
Address **5407<sup>th</sup> Grayois** Date signed **3/15/46**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10433

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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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 7027 Charois

**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.**