S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. 2970

Registrar's No. 840

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7000

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

(d) Street No. 4947 Ashby Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sharon Ann Paluzak

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 9, 1947
(Month) (Day) (Year)

8. AGE: Years | Months | Days 15 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Albert Paluzak
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Weiss
15. Birthplace Charleston, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Paluzak
(b) Address 4947 Ashby Ave. Bl.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 25, 194
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Harrigan & Sheahan
(b) Address 4415 Washington Bl.

19. (a) JAN 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1947 hour 2 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan 20, 1947, to Jan 24, 1947
that I last saw her alive on Jan 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature T Wistar Hunt M.D. (M. D. or other)

Address 4570 Olive Date signed 1/24/47

(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 Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address.....

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.