

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 5 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3376
Registrar's No. 177

Registration District No. 317 Primary Registration District No. 3066

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodbine ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community no
years, months or days)

3. (a) PRINT FULL NAME Laurel J. Paulson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dolores 6. (c) Age of husband or wife if alive _____ years
Maxine Paulson

7. Birth date of deceased July 26 1917
(Month) (Day) (Year)

8. AGE: Years 28 Months 6 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Eggenroove Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Escaped Convict no occupation

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Paulson
13. Birthplace Iowa
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mailisa Biele
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ashton Almond
(b) Address R #2 Milford Iowa

17. (a) Removal (b) Date thereof Jan 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Life Springs Iowa

18. (a) Signature of funeral director Louis H. Bopp Jr
(b) Address Kirkwood, Mo.

19. (a) 1-25-47 (b) Arthur J. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Neb. (b) County 711
(c) City or town Omaha
(If outside city or town limits, write "RURAL")
(d) Street No. 2219 Cass St (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 22
year 47 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death gunshot wound of upper part of right side of neck, received while resisting ~~my~~ arrest.

Due to 166

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Justifiable homicide.
(b) Date of occurrence 1/22/47

(c) Where did injury occur? Kirkwood, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Road. gunshot wounds
(Specify type of place) (e) Means of injury Car

23. Signature Arnold J. Willmann (M. D. or other) 1/25/47
Address Clayton, Mo. Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

DEC 2 1967

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights

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, above space should be left blank.