

No. 300
1-10-47
5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
STANDARD CERTIFICATE OF DEATH
1003

2932
State File No.
Registrar's No. 464

FILED JAN 22 1948
318
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo-Pac Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Hours
(Specify whether years, months or days)

In this community 42 years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Mr. Frank Paul

3: (b) If veteran, name war none

3: (c) Social Security No. none

4. Sex male

5. Color white

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

6. (b) Name of husband or wife Flora Paul

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 26th, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>3</u>	<u>18</u>	hr. min.

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

10. Usual occupation R. R. Man

11. Industry or business Terminal R. R.

MOTHER, FATHER {

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Flora Paul

(b) Address 4860 Sacramento Ave.

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-48
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 16 1948 (Date received for registration)

J. J. Bredock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oao

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

(d) Street No. 4860 Sacramento Ave.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th
year 1948 hour 6:15 PM 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 _____

Cerebral Apoplexy

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? 3

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature G. Taylor (M. D. or other)

Address 1300 Clark Date signed 1-16-48

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 *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address. *2223 St. Louis Ave*

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.