S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6864

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2338

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6982 Pernod Ave. 9 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALEXANDER E. PAULS
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Jeannette Pauls
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 13 (Day) 1873 (Year)

8. AGE: Years 74 Months 2 Days 23 If less than one day hr. min.

9. Birthplace St. Albans (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Retired Postal Clerk
11. Industry or business

FATHER
12. Name Eric Pauls 4
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name Matilda Hausgen
15. Birthplace Unknown (City, town, or county) (State or foreign country) 7

16. (a) Informant Mrs. Jeannette Pauls
(b) Address 6982 Pernod
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem
18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.
19. (a) MAR 8 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1948 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from Feb 1, 1948 to March 6, 1948 that I last saw him alive on March 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	3 days
Due to Cerebral art. sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 8 2	

Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature D. B. Kelm (M. D. or other) MD
Address Hunter Bldg Date signed 3/8/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. D. Flavan
549 No. Grand Ave.
NE 1255
De 1541

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadwa

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.