

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21381

State File No. ....

FILED JUN 29 1951

5548

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b> OR TOWN <b>ST. LOUIS</b> <b>2159</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Anthony's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4614 DEWEY</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>	b. (Middle) <b>LOUISE</b>	c. (Last) <b>PAQUET</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 19, 1951</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 13, 1910</b>	9. AGE (In years last birthday) <b>40</b>	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS CO: MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U</b>
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13a. FATHER'S NAME <b>CHARLES CHRISMER</b>	13b. MOTHER'S MAIDEN NAME <b>MAMIE BETZ</b>	14. NAME OF HUSBAND OR WIFE <b>ERWIN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY (If yes, give war or dates of service) <b>494-26-3183</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ERWIN PAQUET</b>	ADDRESS <b>4614 DEWEY, ST. LOUIS, MO.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphogenic Leukemia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2001</b>
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22. I hereby certify that I attended the deceased from **8-1, 1949**, to **6-18, 1951**, that I last saw the deceased alive on **6-18, 1951**, and that death occurred at **4:15A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert A. Brennan M.D.</b>	23b. ADDRESS <b>5417 S. Grand</b>	23c. DATE SIGNED <b>6-19-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE 22, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PARK LAWN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LEMAY FERRY ROAD</b>
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DATE REC'D BY LOCAL REG. <b>JUN 19 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. HOFFMEISTER</b>	ADDRESS <b>U. &amp; L. CO. 7814 S. BROADWAY ST. LOUIS, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

fo 5-5-11

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Linus C. Hoffmann

Signed.....  
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.