

STANDARD CERTIFICATE OF DEATH

45489

State File No.

FILED JAN 20 1954

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 12182

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY

3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri,

b. COUNTY

St. Louis

b. CITY (If outside corporate limits, write RURAL and give township)

St. Louis, Mo.

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN

Carsonville,

4190

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION

1st & North Market Streets:

e. STREET ADDRESS

(If rural, give location)
8833 Alva Avenue

3. NAME OF DECEASED

a. (First)

Joseph

b. (Middle)

A.

c. (Last)

Pauley Sr.

4. DATE OF DEATH

(Month)

(Day)

(Year)

12, 24, 1953

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-10-1895

9. AGE (In years last birthday)

58

IF UNDER 1 YEAR

MONTHS

DAYS

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Signal Man

10b. KIND OF BUSINESS OR INDUSTRY

Terminal R. Road

11. BIRTHPLACE (City and State or Foreign Country)

St. Louis, Mo.

0

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Peter Pauley

13b. MOTHER'S MAIDEN NAME

Magadeline Deutchman

14. NAME OF HUSBAND OR WIFE

Mrs. Floy Pauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

Yes

(If yes, give war or dates of service)

W.W. 1st

16. SOCIAL SECURITY NO.

702-12-5972

17. INFORMANT'S SIGNATURE OR NAME

Mrs Floy Pauley, 8833 Alva Avenue

ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

MEDICAL CERTIFICATION

Coronary Occlusion

DUE TO (b) Hypertensive Cardia

vascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

4201

22. I hereby certify that I attended the deceased from November, 1950, to April, 1953, that I last saw the deceased alive on April, 1953, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

12-28-1953

24c. NAME OF CEMETERY OR CREMATORY

Troy Cemetery

24d. LOCATION (City, town, or county)

Troy,

(State)

Missouri.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DEC 28 1953

Carl Smith

Math. Hermann & Son Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

2440

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, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3737

P. O. Address St. Louis Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.