

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 16 1959 317

59-038508  
STATE FILE NUMBER

Registration District No. 500 Primary Registration District No. 2880 Registrar's No.

AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>ST LOUIS</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BRECKENRIDGE</b>		Length of stay in lb <b>7 MONTHS</b>		c. CITY OR TOWN <b>BRECKENRIDGE</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3224 WOODSON</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3224 WOODSON</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>GAIL FLORENCE PAUL</b>				4. DATE OF DEATH Month Day Year <b>10-29-59</b>					
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2-14-1894</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED COOK</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <b>CENTAUR MO</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		
13a. FATHER'S NAME <b>PHILIP HURTUBISE</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>FRED PAUL (DECEASED)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>488-19-9037</b>		17. INFORMANT Address <b>GENE F PAUL 10403 BACKLAND</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic (lobar) Pneumonia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>metastatic adenocarcinoma - lungs</b>							<b>3 months</b>		
DUE TO (c) <b>adenocarcinoma of the sigmoid colon</b>							<b>5 yrs.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>1954</b> to <b>1959</b> and last saw her/him alive on <b>10-29-59</b> Death occurred at <b>10-29-59 7:45 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Of decedent or title) <b>R. Rounce</b>				22b. ADDRESS <b>7824 Natl. Bridge Rd St Louis 32</b>				22c. DATE SIGNED <b>10-29-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10-31-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MOUNT LEBANON</b>		23d. LOCATION (City, town, or county) (State) <b>STANN MISSOURI</b>				
24. FUNERAL DIRECTOR ADDRESS <b>EARL HILLEMANN 9709 BACKLAND</b>				25. DATE RECD. BY LOCAL REG. <b>10-30-59</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

**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 Carol A. Williams

Licensed Embalmer No. 2501

P. O. Address Orlando, FL

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.