

OCT 8 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31412

1. PLACE OF DEATH

County St. Louis
Township Central
City (No. 1218 S. Midland Ave)

Registration District No. 789
Primary Registration District No. 69.330

File No.
Registered No. 255
St. Ward

2. FULL NAME

Charles Paulin

(a) Residence. No. 1218 S. Midland Ave Ward.
(Usual place of abode)

(If nonresident give city or town and State);
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OR (last name) OF

Lillian Paulin

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept. 16, 1860

7. AGE

YEARS 67

MONTHS =

DAYS 20

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Retired Cook

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

10. NAME OF FATHER

Amothy Paulin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

France

PARENTS

14. INFORMATION

(Address)

Mrs. Lillian Paulin
1218 S. Midland Ave

15. FILED

10/9 1927

Irene Bieg
REGISTRAR

N MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct. 6, 1927

17.

I HEREBY CERTIFY, That I attended deceased from Oct 2, 1927., to Oct 6, 1927.

that I last saw him before on, 19, and that death occurred, on the date stated above, at, 6:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

777401

CONTRIBUTORY (SECONDARY)

arterio. sclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed).....

Oct. 8, 1927 (Address) 606 S. Central Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Calvary Cem.

Oct. 10, 1927

20. UNDERTAKER

ADDRESS

Jos. W. Clark

1125

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

