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.

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

Do not use this space.

FEB 21 1936

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8057

Township ..... Primary Registration District No. 1003 Registered No. 1729

City St Louis (No. City Hosp #1 St. ..... Ward)

A15496

2. FULL NAME Saul Paul

(a) Residence, No. 5518a St. Wells Ward. 6 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Leah Paul

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

7. AGE: YEARS about 65 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Furniture
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Repair
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

FATHER

13. NAME: Isaac Paul
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

17. INFORMANT (ADDRESS): Hosp Inf Mt Carm City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bnai Amoona DATE: 2/16 1936

19. UNDERTAKER (ADDRESS): H B Burger 4715 McPherson

20. FILED FEB 16 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/15/36

22. I HEREBY CERTIFY, That I attended deceased from 1/3, 1936, to 2/15/36, 19....

I last saw him alive on 2/15/36, 19.... Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	
Degenerative Myocarditis	

Other contributory causes of importance: 93C

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Hyman H. Fingert, M. D.

(Address) City Hosp #1