No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 742

FEB 25 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 742

1. PLACE OF DEATH:
(a) County: Mo.
(b) City or town: St. Louis. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1219 Kraft Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 000
(c) City or town: St Louis. (If outside city or town limits, write "RURAL") 4 17
(d) Street No. 1219 Kraft Ave (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? ____ years. 0

3. (a) PRINT FULL NAME: Alma G. Pauly.
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Andrew C. Pauly.
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: Feb. (Month) 9. (Day) 1886 (Year)

8. AGE: Years 54. Months 11 Days 12. If less than one day ____ hr. ____ min.

9. Birthplace: Ohio (City, town, or county) / (State or foreign country)
10. Usual occupation: At Home
11. Industry or business ____
MOTHER FATHER
12. Name: Fred. Goosmann.
13. Birthplace: Ohio (City, town, or county) / (State or foreign country)
14. Maiden name: Minnie Kaiser.
15. Birthplace: Ohio (City, town, or county) / (State or foreign country)
16. (a) Informant: Andrew Pauly
(b) Address: 1219 Kraft Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-24-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla.
18. (a) Signature of funeral director: L. M. Mullen
(b) Address: 5165 Delmar Blvd
19. (a) JAN 23 1941 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1941 hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from October 28, 1940, to January 21, 1941; that I last saw her alive on January 21, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Toxemia	1 mo.
Due to: Generalized carcinomatosis	6 mos.?
Primary site transverse colon	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Ca. transverse colon involving stomach; peritoneal metast.
Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: Geo. A. Seib (M. D. or other) M.D.
Address: 2323 Lafayette Ave. Date signed 1/23/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Zeih
P.R. 2323
2323 Lafayette
1 P.M.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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