

No. 2  
4-13-40  
5-17-39  
X2318

FILED MAR 25 1947 91

Registration District No.

Primary Registration District No.

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)  
In this community 10 days

3. (a) PRINT FULL NAME GRACE BEACH PAULSON

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 26 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Hull Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Albert Bruce Beach  
13. Birthplace Kitchener, Canada  
(City, town, or county) (State or foreign country)  
14. Maiden name Rachel Emerson Trout  
15. Birthplace Owen Sound, Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant W.B. Paulson  
(b) Address Vermilion, Ohio  
17. (a) removal (b) Date thereof 2/8/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Detroit Lakes, Minn.

18. (a) Signature of funeral director Alexander & Sons  
(b) Address 6175 Delmar Blvd.  
19. (a) FEB 7 1941 (b) J.P. Brudeck  
(Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Minnesota (b) County Becker  
(c) City or town Detroit Lakes  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1128 Summit Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 7 year 1941 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from 1/29 1941, to 2/7 1941; that I last saw her alive on 2/7/41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Parkinson's Disease Duration 7 yrs.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Parkinson's Disease Of autopsy same as above  
PHYSICIAN Parkinson's Disease  
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 R.D. [unclear] (M. D. or other) MD  
Address 4952 [unclear] Date signed 2-17-41

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**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 *Joseph McCulloch*  
Licensed Embalmer No. *2460*  
P. O. Address *6175 Deemar*

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