

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22767

State File No. _____

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 1242

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
425 Algonquin Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME William S. Paris

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary E. Paris 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 28, 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Grayson Springs, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Catherine Lead Co.

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant A. F. Barnes

(b) Address 425 Algonquin, Web. Grvs., Mo.

17. (a) Burial (b) Date thereof 6-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director D. Hoffmeister

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUN 15 1941 (b) DR. H. M. D. H. M.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 425 Algonquin Place
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1941 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 22, 1941, to June 13, 1941,
that I last saw him alive on June 10, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 1 day
Due to arteriosclerosis yes
Due to cardiac asthma yes

Other conditions (include pregnancy within 3 months of death) 952

Major findings: Of operations _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. H. M. D. H. M. (M. D. or other) Dr. H. M. D. H. M.
Address 201 Date signed 6/14

Dr. Arthur Gundlach
2202 University Ave. (at 22nd St.)
Ce. 3995
12:00 noon to 2:00 P. M. only.

JUN 25 1941

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

Louis C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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

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