

FILED NOV 24 1941

STANDARD CERTIFICATE OF DEATH

State File No. 33180

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8134

1. PLACE OF DEATH:

- (a) County St. Louis
- (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. Louis Hospital  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution Sept 26 to Oct 7 1941  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 81
- (c) City or town St. Louis Rolla, Mo. R.R.  
(If outside city or town limits, write "RURAL")
- (d) Street No. Rural  
(If rural, give location)
- (e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month Oct day 7 year 1941 hour 6:10 minute P.M.
- 21. I hereby certify that I attended the deceased from Sept. 26, 1941 to Oct. 7, 1941  
that I last saw him alive on Oct. 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma - Rectum, Intestinal Obstruction.  
Duration: 7 yrs, 1 mo.

Due to \_\_\_\_\_  
Due to H6  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Tumor in rectum.  
Of operations: \_\_\_\_\_  
Of autopsy: Intestinal Obstruction, Carcinoma Rectum.

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) (c) Means of injury \_\_\_\_\_

23. Signature: Dr. R. S. ... (M. D. number) \_\_\_\_\_  
Address: 4952 Maryland St. St. Louis Date signed: Oct 9, 1941

3. (a) PRINT FULL NAME Claude A. Paulsell.

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Feb. 6, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52 8 1 hr. min.

9. Birthplace Rolla Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name O. D. Paulsell

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

14. Maiden name Nora Eansley

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

16. (a) Informant Mrs. Claude Paulsell

(b) Address Rolla, Mo.

17. (a) Burial (b) Date thereof 10/13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) Oct 13 1941 (b) J. F. ...  
(Date of local burial) (Registrar's signature)

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

0  
17  
9

---

---

**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..... *Ray W. Wilkins*

Licensed Embalmer No..... *3575*

P. O. Address.....

**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.**