

FILED NOV 24 1941

Registration District No. **791**

Primary Registration District No.

Registrar's No.

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: **123 W. Stein st. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
**Life** (Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

**1003**  
**Missouri**  
(a) State..... (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **123 W. Stein st.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Jacob E. Paule**

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 **Mary Paule** 6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **April 13 1866**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**75 5 6** hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant Retired**

11. Industry or business

MOTHER FATHER { 12. Name **Jacob E. Paule**

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

14. Maiden name **Tom's Mesamer**

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

16. (a) Informant **Mary Paule**

(b) Address **123 W. Stein st.**

17. (a) **Cremation** (b) Date thereof **October 22, 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **P. Hoffmeister U. & L. Co.**  
(b) Address **7814 S. Broadway**

19. (a) **OCT 20 1941** (b) **J. F. Budeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **19**  
year **1941** hour **11** minute **15 a.m.** M.

21. I hereby certify that I attended the deceased from **about 3 yrs** to **19** and that death occurred on the date and hour stated above.

Immediate cause of death  
**Acute Myocarditis**  
**Chol. Calculi**  
**11 Nephritis Int.**  
**Carcinoma of Stomach**  
Due to: **11 Nephritis Int.**  
Other conditions (Include pregnancy within 3 months of death)

Duration **1 wk**  
**Years**

Major findings:  
Of operations **H/O**  
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 **A. A. Mulach** (M. D. or other)  
Address **7405 Mich. Av** Date signed **10/20/41**

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

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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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

*Edwin H. Seebinger*

.....  
Licensed Embalmer No. *4048*

P. O. Address.....

*6464 Chippewa*

**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.**