

No. 2  
13-40  
17-39  
X23159

DEC 22 1941  
Registration District No. 791

Primary Registration District No. 1003

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:  
2664 So 59 th St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 24 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL").  
(d) Street No. 2664 So 59 th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. .... years.

3. (a) PRINT FULL NAME Vernon F. Paul

3. (b) If veteran, name war..... 3. (c) Social Security No. 489-09-9486

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased November 23 1917  
(Month) (Day) (Year)

8. AGE: Years 24 Months 0 Days 0 If less than one day  
hr. .... min.

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

10. Usual occupation Artist

11. Industry or business Engraver

12. Name Conrad Paul

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

14. Maiden name Laura Anecht

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

16. (a) Informant Conrad Paul

(b) Address 2664 So. 59 th St.

17. (a) Burial (b) Date thereof 11-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wacker-Halden

(b) Address 3634 Gravois Ave.

19. (a) NOV 25 1941 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 rd.  
year 1941 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-12  
1941 to 11-23 1941;

that I last saw him alive on 11-6 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Cardiac Dilatation

Due to Rheumatic Heart Disease  
with Stenosis & Insufficiency

Due to arterio-sclerotic  
hypertension

Other conditions Hypertension  
(Include pregnancy within 6 months of death)

Major findings:

Of operations 97

Of autopsy

Duration

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 Edward G Berger (M. D. or other).....  
Address 634 U. Grand Ave Date signed 11-24-41

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

MAY 8 1947

**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.....

*Robert Wheeler*

Licensed Embalmer No.....

*2178*

P. O. Address.....

*St. Louis*

**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.**