

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19900

State File No. _____

FILED JUL 13 1942
Registration District No. 91

Primary Registration District No. 1003

Registrar's No. 5919

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:
4643 Maffitt Ave./
(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 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4643 Maffitt Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto C. Paul

3. (b) If veteran, name war No 3. (c) Social Security No. 491-16-5457

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

6. (b) Name of husband or wife Anna Paul 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March 14, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 28 _____ hr. _____ min.

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

10. Usual occupation Mailer

11. Industry or business Newspaper

12. Name William Paul

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

14. Maiden name Wilhelmina Geschwindt

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

16. (a) Informant Mrs. Anna Paul

(b) Address 4643 Maffitt Ave.

17. (a) Burial (b) Date thereof July 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Wm. H. Schumacher

(b) Address 4834 Natural Bridge

19. (a) JUL 13 1942 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1942 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from July 25 - 1942
to July 11 - 1942
that I last saw him alive on July 11 - 1942
and that death occurred on the 11th and our stated above.

Immediate cause of death Chronic myocarditis
Due to 101
Due to 20

Other conditions Chronic Diabetes
(Include pregnancy within 3 months of death)
Sanguine of R. Fort
Major findings 20
Of operations 20

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) 20
(b) Date of occurrence 20
(c) Where did injury occur? 20
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
20

While at work? 20
(Specify type of place) (e) Means of injury 20

23. Signature Dr. M. F. Harmon M. D.
Address 2738 N. Grand Date signed 7-13-42

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.....

John A. Melisar

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

working under my personal supervision.

Signed *John A. Melisar*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis, Mo*.....

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.