

FILED NOV 6 1942
Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 9059

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

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:
Mo. Baptist Hospital
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County St. Louis 6-12

(c) City or town St. Louis 6-9
(If outside city or town limits, write "RURAL")

(d) Street No. 2843 Clara Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mathis Paradise

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3 42 Oct 28 1942
to Oct 27 1942
that I last saw him in alive on Oct 27 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Anna Paradise 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Mar. 17 1877
(Month) (Day) (Year)

Immediate cause of death Perforated gastric ulcer
Coronary sclerosis

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>11</u>	hr. _____ min. _____

Due to 117

Other conditions the Interstitial nephritis
(include pregnancy within 3 months of death)

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

10. Usual occupation Barber

Major findings:
Of operations _____

Of autopsy Perforated ulcer, sclerosed nephritis

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

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? _____

16. (a) Informant Anna Paradise

(b) Address 2843 Clara Ave.

17. (a) Burial (b) Date thereof 10-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

23. Signature H. F. Beraman (M. D. or other) M. D.
Address 3720 Washington Date signed 10/29/42

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) OCT 30 1942 (b) J. F. Bredak
(Date received local registrar) (Registrar's signature)

5601 Rthlance's care

12-1

3720 Washington

8306 930

q

2106 330

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 Warren A. Carver

Licensed Embalmer No. 3534

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.