

S. No. 2
M-2-43
5-17-39
PI X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39182**

FILED DEC 11 1943

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2715**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **68 days**
(Specify whether years, months or days)

In this community **Unknown**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair**

(c) City or town **Belleville**
(If outside city or town limits, write "RURAL")

(d) Street No. **741 E. Adams Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **Gotlieb N. PAULE**

3. (b) If veteran, name war **World War I**

3. (c) Social Security No. **328-03-3991**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **5**
year **1943** hour **4** minute **20** A.M.

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Cora M. Paule**

6. (c) Age of husband or wife if alive **39** years

7. Birth date of deceased **March 1 1892**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **September 28 1943** to **December 5 1943**
that I last saw him alive on **December 5 1943**
and that death occurred on the date and hour stated above.

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

51 9 4 hr. min.

Immediate cause of death **Hypertensive and Coronary Arteriosclerotic Heart Disease, Cardiac Enlargement, Myocardial xxx Damage, Myocardial Insufficiency and Anginal Syndrome**

Due to **Unknown**

9. Birthplace **Freeburg Illinois**
(City, town, or county) (State or foreign country)

Other conditions **Hypertension, arterial and Arteriosclerosis, generalized**
(Include pregnancy within 3 months of death)

Due to **Unknown**

10. Usual occupation **Coal Miner**

11. Industry or business **Mining**

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations **No operation**

Of autopsy **No autopsy**

MOTHER FATHER

12. Name **John Paule**

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

14. Maiden name **Rosie Schmidt**

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

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 **M. Schuller, Clinical Clerk,**
(b) Address **Vet. Adm. Fac., Jefferson Brks., Mo.**

17. (a) ~~Burial~~ **Removal** (b) Date thereof **Dec 9 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **B. Smith, 3rd**

While at work **Yes** (Specify type of place)

23. Signature **L.M. COCHRAN, M.D., Chief Med. Officer,**
Address **Vet. Adm. Facility, Jeff. Brks.** Date signed **12/6/43**

18. (a) Signature of funeral director **Gundlach Undertakers**
(b) Address **Belleville, Mo.**

19. (a) **DEC - 9 1943** (b) **E. D. McFarren, M.D.**
(Date received local registrar) (Registrar's signature)

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

Record number: 111

Willard's International, Inc.
Dept. 33

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 Edgar A. Baldus

Licensed Embalmer No. 2846

P. O. Address Bellville, Ill

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.