

26  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Franklin  
 (b) City or town Washington Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME:** DOROTHY ANNA PADDOREST  
**3. (b) If veteran,** name war: \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex:** Female **5. Color or race:** White **6. (a) Single, widowed, married, divorced, or single:** Single  
**6. (b) Name of husband or wife:** \_\_\_\_\_ **6. (c) Age of husband or wife if alive:** \_\_\_\_\_ years  
**7. Birth date of deceased:** Sept. 21, 1907  
(Month) (Day) (Year)

**8. AGE:** Years 36 Months 5 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace:** St. Clair Mo. Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Clerical

**11. Industry or business:** Int. Shoe Co.

**12. Name:** Augusta Pappalmeio

**13. Birthplace:** St. Clair Mo.  
(City, town, or county) (State or foreign country)

**14. Maiden name:** Elveng Pappalmeio

**15. Birthplace:** New Haven, Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** M. Breyer

**(b) Address:** St. Clair, Mo.

**17. (a) Burial, cremation, or removal:** Burial **(b) Date thereof:** Feb 28, 1944  
(Month) (Day) (Year)

**(c) Place: burial or cremation:** St. John Evangelical

**18. (a) Signature of funeral director:** Edward Mitchell

**(b) Address:** St. Clair, Mo.

**19. (a) Date received local registrar:** 2-20-44 **(b) Registrar's signature:** Luella Ruthen Brooks

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. **(b) County:** Franklin  
 (c) City or town St. Clair Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country: \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb. day 24  
 year 1944 hour 10 minute 15 P.M.

**21. I hereby certify that I attended the deceased from** Feb 22, 1944 **to** Feb 24, 1944  
 that I last saw her alive on Feb 24, 1944  
 and that death occurred on the date and hour stated above.

**Immediate cause of death:** acute dilatation of heart **Duration** 7 hrs  
**Due to:** Surgical operations for  
muscles diverticulum **Due to:** 4 days  
**Other conditions:** 12313  
(Include pregnancy within 3 months of death)

**Major findings:** muscles diverticulum  
**Of operations:** causing fatal bleed  
**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)  
 (a) Means of injury 8

**23. Signature:** W. W. ... **(M. D. or other):** \_\_\_\_\_  
**Address:** Washington Mo. **Date signed:** 2/25/44

1181

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

~~3-4-44~~  
3-9-44

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.....

*Sherwood W. Kitchell*

Licensed Embalmer No.

3875.

P. O. Address

*St. Clair, 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.