

FILED MAY 1 1944

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 946

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
730 Craig Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
 this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 730 Craig Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pauline Thama Gaety
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

20. DATE OF DEATH: Month April day 17
year 1944 hour _____ minute 5:55 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 7-1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1, 1943 to April 17, 1944
that I last saw him alive on April 17, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Senile dementia Duration 8y

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>3</u>	<u>10</u>	_____ hr. _____ min.

Due to Senility, Art. Schrosis
Due to _____

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Housewife

Other conditions Ch. Hg, cardiac 6.0 mg
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name John Baker
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Maria Thoma
15. Birthplace Cork Co Ireland
(City, town, or county) (State or foreign country)

Major findings:
Of operations none
Of autopsy none 9/30
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Schmelzger
(b) Address 730 Craig, Kirkwood
17. (a) Burial (b) Date thereof 4-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Faeth's H Bopp Inc
(b) Address Kirkwood Mo
19. (a) APR 21 1944 (b) E. D. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

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 E. D. McHarran (M. D. or other) _____
Address 3157 S. Grand Date signed 4/18/44

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

2
43
39
36671

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 Felix L. Leland

Licensed Embalmer No. 3034

P. O. Address Kutwood 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.