

FILED SEP 28 1944

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis;
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
317 DeBalivere 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri: (b) County M. 7
 (c) City or town Saint Louis;
(If outside city or town limits, write "RURAL")
 (d) Street No. 317 DeBalivere Ave;
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ALMA A. PAULL. (Paull.)

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Cornelius H. Paull 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 27 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days # If less than one day _____ hr. _____ min.

9. Birthplace Halifax Nova Scotia
(City, town, or county) (State or foreign country)

10. Usual occupation None - At Home

11. Industry or business _____

12. Name Alexander Philip Mitchell

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

14. Maiden name Elizabeth Weber

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

16. (a) Informant Mrs Alma A. Paull.

(b) Address 317 DeBalivere Ave.

17. (a) Cremation (b) Date thereof Aug 29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director: C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd. U. City, Mo.

19. (a) AUG 28 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th
 year 1944 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 10
1944, to Aug 27, 1944
 that I last saw her alive on Aug 27 and that death occurred on the date and hour stated above.

Immediate cause of death: arterio sclerosis
myocarditis chr.

Other conditions: 93
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

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? _____

23. Signature: Charles N. Sherry M.D.
(Specify type of place) (M. D. or other)
 Address 508 N Grand Date signed 8-28-44

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

MOTHER FATHER

Metropolitan Bldg.
JE - 3303
1-13 P.M.

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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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.