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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36289

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9718

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Fosterburg (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. ---------- NR
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herbert Benjamin Paul
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma M. Paul
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased December (Month) 29 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
55	10	14	hr. min.

9. Birthplace Madison County, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Own Farm

MOTHER FATHER
12. Name William Paul
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mina Meeden
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Emma M. Paul
(b) Address Alton, Ill. R #1.
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Nov. 16, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Fosterburg, Illinois
18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Ill.
19. (a) NOV 16 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13 year 1944 hour 2 minute 45 A. M.
21. I hereby certify that I attended the deceased from Nov. 9, 1944, to Nov. 13, 1944; that I last saw him alive on Nov. 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Infarction — Duration
Due to Hypertensive cardiovascular Disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy None performed

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

23. Signature F. R. Bradley (M. D. or other) 11/13/44
Address Barnes Hospital, Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Streeper, Registered Apprentice No. ....., working under my personal supervision.

Signed Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, 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.