

FILED MAY 3 1945
878

Registration District No. _____ Primary Registration District No. 1005 Registrar's No. 36722

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 17 Days
(Specify whether _____)

In this community Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
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(c) City or town St. Louis, 912
(If outside city or town limits, write "RURAL")

(d) Street No. 4925 Pershing Ave.,
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Booth Papin

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1945 hour 10:35 minute a M.

4. Sex Male 0 5. Color or race White 0

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December 2, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 7, 1945 to April 24, 1945;
that I last saw him alive on April 24, 1945;
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|-------------------------------------|-----------|----------|-----------|----------------------|
| <input checked="" type="checkbox"/> | <u>76</u> | <u>4</u> | <u>22</u> | hr. _____ min. _____ |

Immediate cause of death Dissecting Aneurysm, thoracic & abdominal

Due to _____

Due to 30

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

Other conditions Urinary retention, Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Aneurysm - as above

11. Industry or business _____

12. Name Eugene Papin

13. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Mary Booth

15. Birthplace St. Louis, Missouri 0
(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 Mrs. Peter Heinbecker

(b) Address 4925 Pershing Ave.

17. (a) burial (b) Date thereof 4/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) App 25 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

23. Signature FR Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 4/24/45

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

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MOTHER FATHER

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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *4161 Lindell Blvd*

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.