S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1945

State File No. 25073

Registration District No. 317 Primary Registration District No. ~~6076~~ 5062 Registrar's No. 1879

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6843 Kingsbury Blvd. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 2 (If outside city or town limits, write "RURAL")

(d) Street No. 6843 Kingsbury Blvd. 5 (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Alfred W. Pauley

3. (b) If veteran, name war No

3. (c) Social Security No. 488-10-2087

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Della P. Pauley

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

7. Birth date of deceased March 11, 1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	3	..... hr. ..... min.

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

10. Usual occupation Druggist

11. Industry or business .....

FATHER
12. Name Ferdinand Pauley
13. Birthplace ..... Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Blanke
15. Birthplace ..... Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della P. Pauley

(b) Address 6843 Kingsbury Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1945 (Month) (Day) (Year)

17. (c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) 3-16-1945 (Date received local registrar) (b) E. M. Garvan M.D. Mo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1945 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw him alive on July 12th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart attack, Angina Pectoris — Duration half an hour

Due to Coronary artery occlusion

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Dr. F. O. Sturhahn (M. D. or other)

Address 330 W. Lockwood ave Date signed July 15, 45

107 (Licensed Embalmer's Statement on Reverse Side) Webster Groves, Mo.

3300 W. Pershing

JUL 25 19[illegible]

JUN 9 1949

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 John A. Milnar

Licensed Embalmer No. 4486

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.