S. No. 2
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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

State File No. 35717

FILED DEC 31 1945

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 10279

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6236 Enright 2W
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6236 Enright 2W
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William August Pauly

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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 January (Month) 27 (Day) 1886 (Year)

8. AGE: Years 59 Months 10 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hardware Merchant

11. Industry or business _____

FATHER
12. Name Gerhard Pauly
13. Birthplace Germany (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name Lina Heckmann
15. Birthplace Germany (City, town, or county) _____ (State or foreign country)

16. (a) Informant Miss Blanche A. Pauly

(b) Address 6236 Enright 2W

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-45 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robt. J. Ambruster

(b) Address 6633 Clayton Road

19. (a) NOV 28 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1945 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 25, 1945 to Nov. 27, 1945 that I last saw him alive on Nov. 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	2 days
Due to Broncho pneumonia	1 day
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation

Of autopsy No 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? _____

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

23. Signature C. C. Drace, Jr. (M. D. or other)

Address 19 East Lockwood Date signed 11-28-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.