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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38580

Registration District No. 317 Primary Registration District No. 3670 Registrar's No. 2662

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 526 OAKWOOD 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 17 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")
(d) Street No. 526 OAKWOOD AVE. 4
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME MELISSA GENEVIEVE PAULSON

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 WIDOW

6. (b) Name of husband or wife LEONARD PAULSON

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

7. Birth date of deceased NOV-26-1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	11	26	— hr. — min.

9. Birthplace DECORAH (City, town, or county) IOWA (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name CHARLES H. FLYNN
13. Birthplace PHOENIX (City, town, or county) NEW YORK (State or foreign country)

MOTHER
14. Maiden name CHRISTINE HODNEFIELD
15. Birthplace CHRISTIANA (City, town, or county) NORWAY (State or foreign country) 4

16. (a) Informant Virginia Paulson Williams
(b) Address 716 Greeley

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof NOV-23-1945 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAUL, MINNESOTA

18. (a) Signature of funeral director Parker and Co
(b) Address WEBSTER GROVES, MO.

19. (a) 11-23-45 (Date received local registrar) (b) E. G. McGenan MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1945 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Death without medical attendance, to ..... 19....; that I last saw h..... alive on ..... 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 601 Brentwood Blvd. Date signed 11/23/45

(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 Leslie Walch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.