S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32880

FILED OCT 4 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2021

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 weeks (Specify whether years, months or days)

In this community: ?

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town: Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No.: 7579 Lindbergh Drive
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: M. Ella Paine

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Henry M. Paine

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: August 7, 1874 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	22	hr. min.

9. Birthplace: Jeffersonville, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: William P. Reeser
13. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret E. Miller
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Henry M. Paine
(b) Address: 7579 Lindbergh Drive

17. (a) Removal-rail (Burial, cremation, or removal) (b) Date thereof: 10/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Louisville, Kentucky

18. (a) Signature of funeral director: Calvin F. Feutz
(b) Address: 4828 Natural Bridge Blvd.

19. (a) SEP 30 1947 (Date received local registrar) (b) J. J. Bradecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September day: 29 year: 1947 hour: 10:45 minute: A.M.

21. I hereby certify that I attended the deceased from May, 1943, to Sept 29, 1947, that I last saw her alive on Sept 29, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of pancreas	6 mos
Due to: Paralysis agitans	7 yrs
Due to: Cirrhosis of liver / Chronic Hepatitis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Carcinoma of pancreas Sept 25-1947

Of autopsy:

PHYSICIAN — Underline the cause of 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: J. R. Finnegan MD (M. D. or other)

Address: 339 N Grand Date signed: Sept 30 47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1960

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. Mlinar

Licensed Embalmer No. 4186

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.