S. No. 2
1—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1947

Registration District No. 97

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36579

Registrar's No. 2245

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9615-Holtwood Ave. 1
(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: St. Louis 96
(c) City or town: Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No.: 9615-Holtwood Ave. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Fred Paul
3. (b) If veteran, name war: None
3. (c) Social Security No.: 493-10-9111-A
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: M 1
6. (b) Name of husband or wife: Gail F
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: May (Month) 5 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	5	16	..... hr. ..... min.

9. Birthplace: Cadet (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Street car Motrorman (retired)
11. Industry or business: Public Service
FATHER
12. Name: Erasmus Paul 9
13. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: Unknown 9
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Gail F. Paul
(b) Address: 9615-Holtwood Ave-Overland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Lebanon Cemetery
18. (a) Signature of funeral director: Bauman Bros
(b) Address: 2504-Woodson Rd-Overland, Mo.
10-27-47 (b) Beulah J. Hartl MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 31
year: 1947 hour: 9 minute: 48 P. M.
21. I hereby certify that I attended the deceased from May 1, 1947, to Oct. 21, 1947, that I last saw him alive on Oct. 21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Terminal Pneumonia	3 days
Due to: Cerebral Hemorrhage	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): 83	
Major findings: Of operations: —	
Of autopsy: None	

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): No
(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: — 6
23. Signature: Roy Awalt (M. D. or other)
Address: Overland Mo. Date signed: 10-22-47

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 3 1942

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 Gustave R. Baumann

Licensed Embalmer No. 2315

P. O. Address Overland, 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.