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-10-47
-17-39
I 3906

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

Registration District No. 316

Primary Registration District No. 3060

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Moore Street
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Farmington 94
(If outside city or town limits, write "RURAL")

(d) Street No. Moore Street 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred W. Paul

3. (b) If veteran, name war World War I

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1948 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 47 to May 8 48, 19____.

that I last saw him alive on May 8 48
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Ida Paul

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 17 1893
(Month) (Day) (Year)

Immediate cause of death Acute Coronary Thrombosis 30 days

Due to Atherosclerosis of Coronary Arteries

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 55 Months 0 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Machinist

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Fred William Paul

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Louise Busch

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ida Paul

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof May 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memorial Park

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Missouri

19. (a) 6-19-48 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature F. R. Cronin (M. D. or other) MD
Address Farmington, Mo Date signed 5-10-48

RECEIVED

Health Officer No. 4
License File Number 648-79
Date Filed 6-22-4

JUN 28 1941

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 ~~my~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Burl J. Miller.....

Licensed Embalmer No. 3752.....

P. O. Address Farmington, Missouri.....

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.