FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20932
Primary Registration District No. 1003
Registrar's No. 5626

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: 4728 Lexington
(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 Good
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4728 Lexington 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Pauline M. Harms
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 19 (Day) 1887 (Year)

8. AGE: Years 60 Months 10 Days 1 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Self
FATHER
12. Name Gustave A. Claus
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Kretschm
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant John Harms
(b) Address 4728 Lexington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.
19. (a) JUN 22 1948 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20 year 1948 hour 12 minute 30 P M.
21. I hereby certify that I attended the deceased from June 16, 1948 to June 20, 1948 that I last saw him alive on June 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Due to Chronic Interstitial nephritis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy no

Duration

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 no
(c) Where did injury occur? no (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? no (e) Means of injury
23. Signature D. A. Thompson (M. D. ~~or other~~)
Address 3121 N Grand Date signed 6-21

Jefferson City Printing Co.
(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. 3077

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.