

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21524

State File No.

Registrar's No. 5103

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 5103			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (in this place) 47 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17					
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 16 3430 McKean 8							
3. NAME OF DECEASED (Type or Print) a. (First) Emilie			b. (Middle)			c. (Last) Paulsmeyer			4. DATE OF DEATH (Month) (Day) (Year) June 11, 1949		
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH February 18, 1880		9. AGE (In years, last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Minden, Illinois /			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Frederick Moehlmann			13b. MOTHER'S MAIDEN NAME Louisa Grabenkrueger			14. NAME OF HUSBAND OR WIFE Mr. William F. Paulsmeyer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. F. Paulsmeyer 3430 McKean					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None								INTERVAL BETWEEN ONSET AND DEATH 3/24/45	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			830			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 352X						
22. I hereby certify that I attended the deceased from 3/24/45, 19, to 6/11, 1949, that I last saw the deceased alive on 6/10, 1949, and that death occurred at 4:00 A.M., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) William Demko M.D.				23b. ADDRESS 3450 Gravois				23c. DATE SIGNED 6/11/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13, 1949		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. JUN 13 1949		REGISTRAR'S SIGNATURE J. B. Kasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc., 1936 St. Louis					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Max L. Waibel

Signed
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.