

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35462**
8890

FILED OCT 28 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 2808 Keokuk St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Eva	b. (Middle) Paulsrud	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				10 14 49

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 23, 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MRS. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Wm. Brewer	13b. MOTHER'S MAIDEN NAME Louise Loder	14. NAME OF HUSBAND OR WIFE Edwin Paulsrud
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Edwin Paulsrud	ADDRESS 2808 Keokuk St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 3/4
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Recto sigmoid Arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10/10/49	19b. MAJOR FINDINGS OF OPERATION Recto sigmoid Ar	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
		46

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1.54X
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22. I hereby certify that I attended the deceased from **10/10**, 19**48**, to **10/14**, 19**49**, that I last saw the deceased alive on **10/14**, 19**49**, and that death occurred at **6:10 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edwin Paulsrud (Degree or title)	23b. ADDRESS 2808 Keokuk St.	23c. DATE SIGNED 10/15/49
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-17-49	24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 1 1949 J. B. Sarsen	25. FUNERAL DIRECTOR'S SIGNATURE J. L. Ziegenhein & Sons	ADDRESS 7027 Gravois Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0688

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.

Student
Student Embalmer

Signed

Frank J. Dwyer

Licensed Embalmer No. *2245*

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.