

FILED DEC 6 1949

STANDARD CERTIFICATE OF DEATH

State File No.

38784

318

1003

10267

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Infirmiry Hospital		d. STREET ADDRESS (If rural, give location) 3852 Kosciusko	

3. NAME OF DECEASED (Type or Print) PAULINE	a. (First)	b. (Middle)	c. (Last) HALL	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 4, 1874	9. AGE (In years last birthday) 75	10. MONTHS 7	11. BIRTHPLACE (State or foreign country) Ft. Union, New Mexico	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ---					

13a. FATHER'S NAME Unknown Von Closman	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Charles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Charles Hall	ADDRESS 3852 Kosciusko
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Encephalomalacia		INTERVAL BETWEEN ONSET AND DEATH 7 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY Yes
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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) 930
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 443X

22. I hereby certify that I attended the deceased from **July 8, 1948**, to **Nov 27, 1949**, that I last saw the deceased alive on **Nov 27, 1949**, and that death occurred at **6:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE Clatus I Krag MD	(Degree or title)	23b. ADDRESS 5600 Chasanel St, St Louis	23c. DATE SIGNED 28 Nov 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/30/49	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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DATE REC'D BY LOCAL REG. NOV 29	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Weldert	ADDRESS 3634 Gravois
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WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

11-11-11

Handwritten mark

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.....

Selix J. Krispin

Licensed Embalmer No.

3497

P. O. Address.....

3634 Grannis

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.