V.S. No. 300
REV. 10.48

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3447

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 323

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pine Lawn,
c. LENGTH OF STAY (in this place) 15 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4208 Edgewood Ave.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pine Lawn, 5/15/4
d. STREET ADDRESS (If rural, give location) 4208 Edgewood Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First) MELVIN
b. (Middle) SYLVESTER
c. (Last) PAUL.

4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1950.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Nov. 5, 1907.
9. AGE (In years last birthday) 42
If under 1 year: Months ... Days ...
If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry F. Paul
13b. MOTHER'S MAIDEN NAME Bessie Aubuchom
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 377-09-0497
17. INFORMANT'S SIGNATURE OR NAME Henry E. Paul, **ADDRESS** 765 Westgate Ave.,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TUBERCULOSIS GR. PULMONARY BILATERAL — INTERVAL BETWEEN ONSET AND DEATH 1 YR. 9 MO

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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 002X
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8, 19 41, *to* 2-6, 19 50, *that I last saw the deceased alive on* 2-6, 19 50, *and that death occurred at* 8:36 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Max J. Bierman (Degree or title) M.D.
23b. ADDRESS 2335 Franklin
23c. DATE SIGNED 2-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 9, 1950.
24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cem.,
24d. LOCATION (City, town, or county) (State) Florissant, Mo.

DATE REC'D BY LOCAL REG. FEB 7 1950
REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark, **ADDRESS** 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

DR. M.J.Bierman,
2335 Franklin Ave.,
9-11 or 1p-4-6 P.M,
CH.2110.

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont

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.