

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10498

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2825	
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, Mo.		c. LENGTH OF STAY (in this place) township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3957 Holly Hills				d. STREET ADDRESS (If rural, give location) 3957 Holly Hills			
3. NAME OF DECEASED (Type or Print) a. (First) Henry T. Pauro		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Mar. 24, 1951	
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>		8. DATE OF BIRTH Mar. 5, 1861	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME John L. Pauro		13b. MOTHER'S MAIDEN NAME Emma Tatum		14. NAME OF HUSBAND OR WIFE Pauline Pauro			
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 Lucille Hotfelder 3957 Holly Hills			
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) <i>of the nephritis.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic myocarditis.</i> DUE TO (c) <i>Generalized arteriosclerosis.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>Days</i> <i>Years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4-4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 19</i> , to <i>Mar 24, 1951</i> , that I last saw the deceased alive on <i>Mar 20, 1951</i> , and that death occurred at <i>130a</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>J. B. Lanter</i> (Degree or title)				23b. ADDRESS <i>5703 Chippewa</i>		23c. DATE SIGNED <i>3/14/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>3-27-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo</i>	
DATE REC'D BY LOCAL REG. <i>MAR 27 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Lanter</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Southern Funeral Home</i>		ADDRESS <i>6322 S. Grand Blvd</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. A. H. Bunderstel
5203 Cheppewa
Ave 8028
Jef 5858

2825

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 _____

working under my personal supervision.

Student Embalmer No.

Signed David Van Torman

Signed
Student Embalmer

Licensed Embalmer No. 4342

P. O. Address 6322 So Grand

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.