

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25765**

XC FILED 5637  
Reg. 94596  
1951  
8-7-51

BIRTH NO. 8-7-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2622

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS COUNTY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS. MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET. ADM. HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>1219 Kraft Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LESTER</b> b. (Middle) <b>F.</b> c. (Last) <b>PAULY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7/9/51</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	
8. DATE OF BIRTH <b>10/30/09</b>		9. AGE (In years last birthday) <b>41 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Andrew G. Pauly</b>		13b. MOTHER'S MAIDEN NAME <b>Alma Goosman</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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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) <b>Yes World II</b>		16. SOCIAL SECURITY NO. <b>494-10-5006</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>V. A. HOSPITAL RECORDS</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY ARTERY DISEASE</b>  ANTECEDENT CAUSES <b>Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>HYPERTENSION</b> DUE TO (c) <b>UREMIA</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 Yrs</b>  <b>7 Yrs</b>  <b>7 Yrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		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) <b>V.A. m.</b>		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 6/11 19 51, to 7/9 19 51, that he died at 5:20 P.M., and that death occurred at St. Louis, Mo., from the causes and on the date stated above.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>0 M.D.</b>		23b. ADDRESS <b>V. A. HOSP. JEFF. BRKS. MO.</b>		23c. DATE SIGNED <b>7-10-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 13/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>7-10-51</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CLARK FUNERAL HOME, St. Louis, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 1 1951

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 Indiana*

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.