

No. 30
10.45

STANDARD CERTIFICATE OF DEATH

State File No. **32199**

FILED OCT 13 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3315**

1. PLACE OF DEATH

a. COUNTY **Saint Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Lucas And Hunt Village**

c. LENGTH OF STAY (in this place) **Years**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **7246 Burwood Dr.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** COUNTY **Saint Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Lucas & Hunt Village** **470**

d. STREET ADDRESS (If rural, give location) **7246 Burwood Dr.**

3. NAME OF DECEASED

a. (First) **John** b. (Middle) **Daniel** c. (Last) **Paulus**

4. DATE OF DEATH (Month) (Day) (Year) **9 30 51**

5. SEX **M** **0** **W**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **Widowed**

8. DATE OF BIRTH **1/17/68**

9. AGE (In years last birthday) **83** # UNDER 1 YEAR **8** # UNDER 1 DAY **13** # UNDER 1 HOUR **Min.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Architect**

10b. KIND OF BUSINESS OR INDUSTRY **Bldg Const.**

11. BIRTHPLACE (State or foreign country) **Saint Louis**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Daniel Paulus** **13b. MOTHER'S MAIDEN NAME** **Nee Paulus** **14. NAME OF HUSBAND OR WIFE** **Julia Hertwig Paulus Dec'd**

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 **Mrs Leland S. Beck** **ADDRESS** **7246 Burwood Dr.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Stomach**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) **151X**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Ca. of Prostate (removed)**

INTERVAL BETWEEN ONSET AND DEATH **8 mos.?**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

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) _____ **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: **9-16-1947**, to **9/30/51**, that I last saw the deceased alive on **9/30/51**, 19____, and that death occurred at **8:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Albert Kaplan M.D.D.** **23b. ADDRESS** **University Club Bldg** **23c. DATE SIGNED** **10/1/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **10/3/51** **24c. NAME OF CEMETERY OR CREMATORY** **Valhalla Cemetery** **24d. LOCATION** (City, town, or county) (State) **Saint Louis Mo/**

DATE REC'D BY LOCAL REG. **10-3-51** **REGISTRAR'S SIGNATURE** **Herbert R. Dombke M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Ambruster Mortuary,** **ADDRESS** **6633 Clayton Rd.**

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

JUN 25 1956

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.....

J. P. Morris

Signed.....
Student Embalmer

Licensed Embalmer No.....

3360

P. O. Address.....

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.