

No. 300  
10. 48

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34771

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 333

1. PLACE OF DEATH  
a. COUNTY St Francois  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington  
c. LENGTH OF STAY (If in this place) 26y; 10m; 4d  
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Washington  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tiffin, Missouri No. 1100  
d. STREET ADDRESS (If rural, give location) /

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

4. DATE OF DEATH (Month) (Day) (Year)  
Oct. - 6 - 1951

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Aug. 5, 1870

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 81 2 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked

10b. KIND OF BUSINESS OR INDUSTRY invalid

11. BIRTHPLACE (State or foreign country) Tiffin, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas B. Paul

13b. MOTHER'S MAIDEN NAME Lilly Matthews

14. NAME OF HUSBAND OR WIFE

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. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lottie Bokenridge Potosi, Mo

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

MEDICAL CERTIFICATION & State Hospt. No. 4  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Terminal Pneumonia - - - - since 9-16-51.  
INTERVAL BETWEEN ONSET AND DEATH  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) \_\_\_\_\_ rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency.

19. DATE 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)  
304X

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 Feb. 14, 1949, to Oct. 6, 1951; that I last saw the deceased alive on Oct. 6, 1951, and that death occurred at 5:35A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Bremer MD

23b. ADDRESS State Hospital No. 4, Farmington, Mo.

23c. DATE SIGNED No. 10-8-51

24a. BURIAL, CREMATION REMOVAL (Specify) Burial

24b. DATE 10-8-1951

24c. NAME OF CEMETERY OR CREMATORY Old Masonic Cemetery

24d. LOCATION (City, town, or county) (State) Potosi, Mo

DATE REC'D BY LOCAL REG. Oct. 8 1951

REGISTRAR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) Esther Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Smith & Higginbotham, F.H. Potosi, Mo

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

52nd?  
50940

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 14 1951

RECEIVED

OCT 31 1950

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 *Mary M. Smith*  
Licensed Embalmer No. *4394*  
P. O. Address *Potasi, Mo*

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.