

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3189  
0353

1003  
State File No. ....  
Registrar's No. ....

318

JAN 26 1952

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>1003</b>		Registrar's No. <b>0353</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>				2242			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3143 So. Jefferson</b>							
3. NAME OF DECEASED (Type or Print) <b>George</b>			a. (First) _____		b. (Middle) <b>C.</b>		c. (Last) <b>Paulus</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-11-52</b>		
5. SEX <b>M.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Apr. 18 1871</b>		9. AGE (In years last birthday) <b>80</b>		10. UNDER 1 YEAR (Days) (Hours) (Mins.) <b>8 23</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Drugist</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.</b>		
13a. FATHER'S NAME <b>Conrad Paulus</b>				13b. MOTHER'S MAIDEN NAME <b>Christina Jacobs</b>				14. NAME OF HUSBAND OR WIFE <b>Lulu</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Julius C. Paulus 1551 Switzer</b>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Enteric sclerotic heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arterio sclerosis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary emphysema &amp; Chronic bronchitis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b> <b>15 yrs.</b> <b>10 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H200</b>							
22. I hereby certify that I attended the deceased from <b>July 19 1952</b> , to <b>Jan 1 1952</b> , that I last saw the deceased alive on <b>July 11 1952</b> , and that death occurred at <b>7:00 p.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Edward W. Zelinski M.D.</b>						23b. ADDRESS <b>3701 Ceramide St</b>			23c. DATE SIGNED <b>1/12/52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan. 14 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum</b>				24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JAN 14 1952</b>		REGISTRAR'S SIGNATURE <b>Ed Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schumacher Und. Co. 3013 Meramec</b>					

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.....  
Student Embalmer

Signed..... *Jack Haupt* .....

Licensed Embalmer No. *4746* .....

P. O. Address *St Louis* .....

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.