

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11198

State File No.

FILED MAR 19 1952

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 475

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Webster Groves		c. LENGTH OF STAY (In this place) 7 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves 4617			
d. FULL NAME OF HOSPITAL OR INSTITUTION 21 East Jackson				d. STREET ADDRESS (If rural, give location) 21 East Jackson			
3. NAME OF DECEASED (Type or Print) EMMA LUCILLE PAULY			4. DATE OF DEATH (Month) (Day) (Year) 2-21-52				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH 9-14-1901		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Grantwood Const.		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Pauly		13b. MOTHER'S MAIDEN NAME Emma B Randle		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. 490-01-9944		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace P Halteman 21 E. Jackson			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Rheumatism DUE TO (c) Obesity II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 5 yrs 1 2	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION 464 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0		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) m. 0		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 Jan 1947 , to 21 Feb, 1952 , that I last saw the deceased alive on 21 Feb, 1952 , and that death occurred 5:45 P m. , from the causes and on the date stated above.							
23a. SIGNATURE H R Scherhoff MD (Degree or title)				23b. ADDRESS 634 No. Grand		23c. DATE SIGNED 2/27/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 2-23-1952		24c. NAME OF CEMETERY OR CREMATORY Bellefontain Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 2-22-52		REGISTRAR'S SIGNATURE Herbert R. Danks MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker - Aldrich Fun Home Webster Groves			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Leslie Holch*

Licensed Embalmer No. *4395*

P. O. Address *Wabatez, Texas*

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.