S. No. 200
V. 10.48

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26576

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1950

1. PLACE OF DEATH
a. COUNTY: St.Louis Co, 3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Louis Co.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: 2 019
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 1
d. STREET ADDRESS (If rural, give location): 7608 Reilly Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Lester
b. (Middle):
c. (Last): Paulus

4. DATE OF DEATH (Month) (Day) (Year): July 19,1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Nov.15,1898
9. AGE (In years last birthday): 53
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): chauffer
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Mail
11. BIRTHPLACE (City and State or Foreign Country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Leonard Paulus
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W.# 1
16. SOCIAL SECURITY NO.: 486180242
17. INFORMANT'S SIGNATURE OR NAME: Elizebeth Cogo
ADDRESS: 7608 Reilly Av.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing internal injuries and brain damage- suffered when Ford postal truck he was operating overturned pinning him in the cab

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4oc
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bell Ridge St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7/19/52 6:10 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Blunt impact.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Arnold J. Willmann 3 (Degree or title): Coroner
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 7/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7/23/52
24c. NAME OF CEMETERY OR CREMATORY: Mt.Hope Cemetery
24d. LOCATION (City, town, or county) (State): Lemay,Mo.

DATE REC'D BY LOCAL REG.: 7-21-52
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Fendler Und.Co.
ADDRESS: 7420 Michigan Av.

(See Licensed Embalmer's Statement on Reverse Side)

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

SEP 1 8 1952

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 V. E. Morris

Licensed Embalmer No. 3360

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.