

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8403**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN **St. Louis, Mo.**  
 c. LENGTH OF STAY (in this place) (Specify township) **3 1/2 Weeks**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **New Faith Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri** b. COUNTY **St. Louis**  
 c. CITY OR TOWN **Bellefontaine Neighbors** d. Is Residence within limits of a city or incorporated town?   
 e. STREET ADDRESS (If rural, give location) **1237 Waldorf Drive. (15)**

3. NAME OF DECEASED  
 a. (First) **Clara** b. (Middle) **R.** c. (Last) **Papin**

4. DATE OF DEATH (Month) (Day) (Year)  
**Sept. 11, 1954**

5. SEX **Female** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Married**

8. DATE OF BIRTH **Sept. 2, 1884**

9. AGE (In years last birthday) **70**  
 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 4 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

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

10b. KIND OF BUSINESS OR INDUSTRY  
**At Home**

11. BIRTHPLACE (City and State or Foreign Country)   
**St. Louis, Mo.**

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

13a. FATHER'S NAME  
**John M. Patke**

13b. MOTHER'S MAIDEN NAME  
**Minnie Herbeck**

14. NAME OF HUSBAND OR WIFE  
**Mr. P. R. Papin**

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.  
**Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Mr P. R. Papin, 1237 Waldorf Dr. (15)**

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  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Hemorrhage**  
**Hyper Tensive Cardiovascular Dis**  
 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  
**None**

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)  
**St. Louis MO.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR  
**443X**

22. I hereby certify that I attended the deceased from **Sept 11, 1954**, to **Sept 11, 1954**, that I last saw the deceased alive on **Sept 11, 1954**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**Lourence M. Linton M.D.**

23b. ADDRESS  
**2801 N. Taylor**

23c. DATE SIGNED  
**9-13-54**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

24b. DATE  
**9-14-1954**

24c. NAME OF CEMETERY OR CREMATORY  
**Valhalla Cemetery**

24d. LOCATION (City, town, or county) (State)  
**Wellston, Missouri**

DATE REC'D BY LOCAL REG.  
**SEP 13 1954**

REGISTRAR'S SIGNATURE  
**Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Math, Hermann & Son Inc, 2161 E. Fair Ave.**

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

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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.....  
Signature of Student Embalmer

Signed *Walter G Burnley*.....  
Licensed Embalmer No. *450*.....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.