

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39145**

FILED DEC 13 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2809**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Brentwood</b> <b>451</b>	
c. LENGTH OF STAY (in this place) <b>DOA</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>8815 Bridgeport</b>	

3. NAME OF DECEASED (Type or Print) <b>Mary</b>	a. (First)	b. (Middle)	c. (Last) <b>Paull</b>	4. DATE OF DEATH <b>Nov. 30th 1955</b>
---	------------	-------------	------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>4-18-1882</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>12</b> Hours <b></b> Min. <b></b>
----------------------	-------------------------------	---	-----------------------------------	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shoes</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	---

13a. FATHER'S NAME <b>George Paull</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Artlip</b>	14. NAME OF HUSBAND OR WIFE <b>None</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>488-05-2530A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W.L. Spurgeon</b>	ADDRESS <b>2513 Mentor Ave R. Hts. Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Valvular 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>Myocardial disease</b> DUE TO (c) <b>arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **4-16, 1952**, to **11-30, 1955** that I last saw the deceased alive on **9-10, 1955** and that death occurred at **6:03P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Louis Howe M.D.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Brentwood 17</b> <b>8806 Harrison</b>	23c. DATE SIGNED <b>12-1-55</b>
---------------------------------------	-------------------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-3-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <b>12-2-55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombrowski</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH</b>	ADDRESS <b>Maplewood, Mo.</b>
---	--	--	-------------------------------

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.....  
Signature of Student Embalmer

Signed..... *J. Allen Davis*.....  
Licensed Embalmer No..... *512*

P. O. Address..... *At L.*.....

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.