

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25188**  
Registrar's No. **6286**

FILED JUL 20 1956

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>6286</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 (If outside corporate limits, write RURAL and give town) <b>St Louis</b>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>7121 Morganford</b>			e. STREET ADDRESS (If rural, give location) <b>7121 Morganford 2027</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Katherine</b>		b. (Middle) <b>D.</b>	c. (Last) <b>Paule</b>	4. DATE OF DEATH (Month) <b>7</b> (Day) <b>1</b> (Year) <b>1956</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9/23/1875</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John H. Bobring</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Von Plumhoff</b>		14. NAME OF HUSBAND OR WIFE <b>Edwin Paule</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 <b>Ruth Paule</b> ADDRESS <b>7121 Morganford</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Cerebral thrombosis</b>	MEDICAL CERTIFICATION <b>Cerebral thrombosis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		
	ANTECEDENT CAUSES Morbidity condition of any, giving rise to above cause (all stating the underlying cause last)	DUE TO (b) <b>Hypertensive heart disease with myocardial insufficiency</b>			
		DUE TO (c) <b>Partial heart exhaustion</b>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<b>Partial heart exhaustion</b>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>443x F</b> YES <input type="checkbox"/> NO <input 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) <b>July 1, 1956</b> (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 <b>Jan 56</b> , 19 <b>56</b> , to <b>July 1, 1956</b> , that I last saw the deceased alive on <b>July 1, 1956</b> , and that death occurred at <b>10:10 P.M.</b> m., from the causes and on the date stated above. <b>7-2-56</b>					
23a. SIGNATURE <b>Geo A. O'Sullivan</b> (Degree of title) <b>M.D.</b>			23b. ADDRESS <b>7629 Ivory</b>		23c. DATE SIGNED <b>7/2/56</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7/5/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Lutheran</b>	24d. LOCATION (City, town, or county) <b>Lemay 23, Missouri</b> (State) _____		
DATE REC'D BY LOCAL HEALTH DEPT. <b>JUL 5 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Fun Home</b> ADDRESS <b>6322 S. Grand</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 *David Van Foss*.....

Licensed Embalmer No. *424*  
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.