

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15130 STATE FILE NUMBER
1003 3199
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3199

FILED APR 22 1957

Health,
Welfare
Public
Service

S. 340
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> TOWN St. Louis		c. CITY OR TOWN Clayton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 4462	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 08 Deaconess Hospital		d. STREET ADDRESS (If outside, give location) 6306 Southwood 27	
3. NAME OF DECEASED (Type or print) First Middle Last Geraldine Elizabeth Paulus		4. DATE OF DEATH Month Day Year April 2, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1909
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady		9b. KIND OF BUSINESS OR INDUSTRY Famous - Barr Co.	9c. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) St. Louis, Missouri
11. FATHER'S NAME George Lay		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Viola Lenz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 488-01-9348	
17. INFORMANT (Husband) Address Mr Jacob Paulus 6306 Southwood		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) POLYCYSTIC KIDNEYS, BILATERAL, CONGENITAL. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 757.1	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION CLAYTON STATE	
21. I attended the deceased from 3-6-56 to 4-2-57 and last saw her alive on 4-1-57 Death occurred at 4-2-57 4:05 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Sign or title) M. D.		22b. ADDRESS 35 N. Central, Clayton, Mo.	
22c. DATE SIGNED 4-2-57		22d. SIGNATURE	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE April 3, 1957	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co, Missouri	
24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd		25. DATE RECD. BY LOCAL REG. APR 3 '57	
26. REGISTERAR'S SIGNATURE ms		26. REGISTERAR'S SIGNATURE ms	

(Licensed Embalmer's Statement on Reverse Side)

Dr R E Koch
35 N Central
Pa 59656

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 *Joseph E. McCulloch*

Licensed Embalmer No. 296

P. O. Address 6175 De

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.