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STANDARD CERTIFICATE OF DEATH

29873

STATE FILE NUMBER

FILED SEP 4 1957

318

Primary Registration District No.

1003

Registrar's No. 7745

Registration District No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.			b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11 Firmin Des Loge			Length of stay in 1b 3-days			d. STREET ADDRESS 41990 4402 McPherson Ave.			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Alfred J. Pauly						4. DATE OF DEATH Month Day Year Aug. 18, 1957							
5. SEX C M.		6. COLOR OR RACE W.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 26, 1886		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days 10 22		IF UNDER 24 HRS. Hours Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Buyer, S.F.B. Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Henry Pauly				13b. MOTHER'S MAIDEN NAME Theresa Hoffman				14. NAME OF HUSBAND OR WIFE Mrs. Isabel Pauly					
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. 489-03-8107		17. INFORMANT Address Mrs. Isabel Pauly, 4402 McPherson Ave.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DISSECTING ANEURYSM OF AORTA HYPERTENSION GENERALIZED ARTERIOSCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH 2 1/2 DAYS YEARS - 10+			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 451A										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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			COUNTY		STATE			
21. I attended the deceased from Aug 16, 1957 to Aug 18, 1957 and last saw him alive on Aug. 18, 1957 Death occurred at 4:05 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE C. Rollins Haulan M.D.						22b. ADDRESS 1325 S. GRAND BLVD			22c. DATE SIGNED Aug 19, 1957				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Aug. 19, 1957		23c. NAME OF CEMETERY OR CREMATORY Mother of God Cemetery			23d. LOCATION (City, town, or county) Covington, Kentucky			(State)			
24. FUNERAL DIRECTOR J. J. Honnolly				ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. AUG 19 57		26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D. S.P.					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Wm. D. Lazen.....

Licensed Embalmer No. 4699  
P. O. Address 3840 Miles

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.