FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 3179

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38929

Primary Registration District No. 2062

Registrar's No. 2225

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town BRENTWOOD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2632 BREMERTON RD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town BRENTWOOD (If outside city or town limits, write "RURAL")
(d) Street No. 2632 BREMERTON RD. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALMAH L. PAPIN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY PAPIN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 25 (Day) 1881 (Year)

8. AGE: Years 67 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace BONNETERRA, MO (City, town, or county) (State or foreign country)
10. Usual occupation CONTRACTOR
11. Industry or business

MOTHER FATHER
12. Name CHARLES PAPIN
13. Birthplace BONNETERRA, MO (City, town, or country) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or country) (State or foreign country)

16. (a) Informant MRS. MARY PAPIN
(b) Address 2632 BREMERTON RD.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation BONNETERRA, MO.
18. (a) Signature of funeral director M. J. Brockhaus
(b) Address 7146 MANCHESTER
19. (a) 11-24-48 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 23 RO
year 1948 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from 6/27, 1947 to 11/23, 1948; that I last saw h. alive on 11/21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1 day
Due to: Coronary artery heart disease	3 yrs
Due to: 94 Fx	
Other conditions: Hypertrophy of prostate (obstructing) (Include pregnancy within 3 months of death)	2 mo

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

Signature C. H. Bockelman (M. D. or other) M.D.
Address 2615 Brentwood Blvd Date signed 11/24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 2
0M—1/47
ev. 5-17-39

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.