28 1928

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10542

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township CARONDELET — Primary Registration District No. 6248 E — Registered No. 97

City (No. MT. SAINT ROSE SANATORIUM St. Ward)

2. FULL NAME Sister M. Paulette (Clara Paetsch)

(a) Residence. No. St. Mary's Infirmary St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/13/1905

7. AGE: Years 22 — Months 5 — Days 13 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Registered Nurse
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Blue Island, Ill.

PARENTS

10. NAME OF FATHER: August Paetsch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mary Bower
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Hospital Records
(Address) MT. SAINT ROSE SANATORIUM

15. FILED Mch. 27, 1928 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1928

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1927, to March 26, 1928 that I last saw her alive on March 26, 1928, and that death occurred, on the date stated above, at 7:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHRONIC PULMONARY TUBERCULOSIS

23H

(duration) not known to me yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? not known
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Spontan.

(Signed) Aronna Schlenker, M. D.
3/26, 1928 (Address) 3515 S. Grand Bl.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Olive — DATE OF BURIAL: 3-26 1928

20. UNDERTAKER: Southern V. Co. — ADDRESS 7315 S. Broadway

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