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

Do not use this space.
15176
14909

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis Mo. (No. Bethesda Hospital St. ..... Ward)

File No.....

Registered No. 4101

2. FULL NAME Mary Jane Paetzold.

(a) Residence. No. 4242a W. Sacramento St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female.	White.	Infant.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/18/27

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	—	3	25	

8. OCCUPATION OF DEACESED

(a) Trade, profession, or particular kind of work.....

(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) St. Louis Mo.

PARENTS

10. NAME OF FATHER Albert Paetzold.

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) St. Louis Mo.

12. MAIDEN NAME OF MOTHER Elenor Betzer.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Albert Paetzold
(Address) 4242a W. Sacramento.

15. FILED APR 14 1928 Mark C. Stanton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/13/28 19

17. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 19 28 to Apr. 13, 19 28 that I last saw h. alive on Apr. 13, 19 28, and that death occurred, on the date stated above, at 1-15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain tumor - Pneumonia
Bronchitis

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Diabetes

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Ernest Gilbertson M. D.
, 19 (Address) 211 Foster Bldg

*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 Valhalla.

DATE OF BURIAL 4/14/28 19

20. UNDERTAKER Provosh Und Co

ADDRESS 3710 N. Broad

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.