

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

Do not use this space.

15260-14993

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
Name Jewish Hospital

File No.
Registered No. 4188
St. Ward)

2. FULL NAME

(a) Residence. No. 2205 Ann Ave St. 13 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-1866

7. AGE YEARS MONTHS DAYS IF LESS than I day, ... hrs. or ... min.
61 | 9 | 19

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John J Paulus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Schmedder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Robert J Paulus Jr
(Address) 2205 Ann Ave

15. FILED May 2 1928
REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1927, to April 13 1928

that I last saw him alive on Apr 13 1928, and that death occurred, on the date stated above, at 9:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Pharynx
 tongue, floor of mouth 115B
Hisc

Chronic Myocarditis, arterio
CONTRIBUTORY (SECONDARY)
sclerosis

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 29 27
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical appearance
(Signed) Edwin F. Smith, M. D.
, 19 (Address) 508 N. Grand Blvd.

*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 New St Marcus DATE OF BURIAL Apr 17 1928

20. UNDERTAKER Wacker-Heldorlc ADDRESS 2331-5 Belmont

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.

WHILE IN FULL, WITH CONTINUING INTEREST IS A PERMANENT RECORD.

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