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

Do not use this space.

19747

File No. 5356

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. 7131 Virginia St. Ward)

Registration District No. 781

Primary Registration District No. 1002

2. FULL NAME Pauline Cuidan

(a) Residence. No. 7131 Virginia St., 1 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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-6-1876

7. AGE: Years 52 Months 5 Days 5 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Mineetown
(STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER John Krause

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

12. MAIDEN NAME OF MOTHER Barbara Truminger

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

14. INFORMANT Peter Cuidan
(Address) 7131 Virginia - St Louis Mo

15. FILED MAY 14 1929 Mary C Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-11 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1 1929, to May 11 1929, that I last saw h. alive on May 10 1929, and that death occurred, on the date stated above, at 1.00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of breast

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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) O. H. Maizo M. D.

5/13, 1929 (Address) So. Sidehill ex 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: Missouri Crematory — DATE OF BURIAL: 5-14 1929

20. UNDERTAKER: Weick Bros — ADDRESS: 2201 So Grand

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.