

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

Do not use this space.

35265

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis Mo (No. 5202 St Louis Av)

File No.....
Registered No. 10005
St..... Ward.....

2. FULL NAME

John A Paulis
(a) Residence (No. 5202 St Louis Av, 6 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE-MARRIED, WIDOWED OR DIVORCED (use the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Paulis</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 16 - 1852</u>		
7. AGE <u>77</u>	YEARS <u>4</u>	MONTHS <u>24</u>
		Days <u>24</u>
If LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Painter</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Auto Painter</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri
10. NAME OF FATHER John A. Paulis Sr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bohemia
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

14. INFORMANT

Mrs Bertha Paulis
(Address) 5202 St Louis Av

15. FILED

1929 May 1 Stark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) October 10 1929
17. I HEREBY CERTIFY, That I attended deceased from Oct 10th 1929, to Oct 10th 1929.
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 8 A.M. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Decompensation
92A
95B
(duration) 5 yrs. 1 mos. 1 ds.
CONTRIBUTORY (SECONDARY) Mitral Regurgitation
(duration) 5 yrs. 0 mos. 0 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs -
(Signed) J. M. Brown, M. D.
Oct 11, 1929 (Address) 2867 Union 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 Leahary Cemetery DATE OF BURIAL Oct 12 1929
20. UNDERTAKER E. J. Schuur ADDRESS 3125 Lafayette St

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

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.

WARNING—RESERVED FOR BINDING

