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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 31435

Township ..... Primary Registration District No. 1002 Registered No. 9042

City ..... (No. 7619, Vermont Ave. St. ..... Ward)

2. FULL NAME Waldemar D. Paule

(a) Residence. No. 7619 Vermont Av. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11 - 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27	8	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Feed Merchant
(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 Edwin J. Paule

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

12. MAIDEN NAME OF MOTHER Catherine Bobring

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

14. INFORMANT Viola Paule
(Address) 7619 Vermont Av.

15. FILED SEP 18 1930, 19 Max C Warlow REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Sep 13, 1930, to Sep 16, 1930, that I last saw him alive on Sep 16, 1930, and that death occurred, on the date stated above, at 1:30 p.m.

131 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1290
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A W Peters, M. D.
Sep 18, 1930 (Address) 601 Missouri 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	DATE OF BURIAL
St Trinity Luth Cem.	Sept 19 1930
20. UNDERTAKER	ADDRESS
Hoffmeister Fendler Funeral Home Inc	7128 Michigan

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.