

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

Do not use this space.

14092

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

**399**

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1602  
St. Joseph Hospital

File No. \_\_\_\_\_  
Registered No. 1500  
St. \_\_\_\_\_ Ward

**2. FULL NAME**

MICHEL, Pauline E.

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 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 Joseph B. Michels

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
36 11 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
(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) Ohio

10. NAME OF FATHER Edward E. Schaeufele

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Joseph B. Michels  
(Address) (above)

15. FILED 4/5 31 M.M. Brown  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 1 - 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-27-, 1931 to Apr - 1 -, 1931 that I last saw her alive on Apr - 1 -, 1931, and that death occurred, on the date stated above, at 3 - p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Shigellosis Peritonitis  
145A  
(duration) yrs. mos. 3 ds.  
CONTRIBUTORY Acute Salpingitis  
(SECONDARY) Post Partum  
(duration) yrs. mos. 3 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT A PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPT? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? Post. Salpingitis  
(Signed) J.B. Smith M.D.  
4/4/31 (Address) 1424 Professional 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. Marys Cemetery, K.C. Mo. 4/6/31

20. UNDERTAKER ADDRESS  
Melody McGilley Fu. Home K.C. Mo.

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.

THIS IS A PERMANENT RECORD

FEB 25 1948