

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

Do not use this space.

3322

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. Missouri Baptist Hospital, St. Ward)

File No.
Registered No. 1111
St. Ward)

2. FULL NAME Oliver B. Paul.

(a) Residence, No. 5889 Theodosia St., 6 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Amanda Paul.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 26 1873</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>5</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Letter Carrier</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>William Paul.</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Pauline Geschwinder</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Amanda Paul.</u> (ADDRESS) <u>5889 Theodosia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cemetery</u> DATE <u>Feb 3</u> 19 <u>32</u>		
19. UNDERTAKER <u>Wm. M. Schumacher</u> (ADDRESS) <u>1234 National Bldg. St. Louis</u>		
20. FILED <u>FEB - 2 1932</u> <u>W. J. Stancil</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 30 - 1932

22. I, Dr. J. H. Barto, HEREBY CERTIFY, That I attended deceased from Sept 1931, to Jan 29, 1932.
I last saw him alive on Jan 29, 1932. Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:
Paralytic Ileus
Date of onset 10-1-31

Other contributory causes of importance:
Peritonitis following surgical operations

Name of operation Ileostomy Date of 1-25/32
What test confirmed diagnosis? Macroscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury D
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. H. Barto, M. D.
(Address) 6153 Easton St.

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.

6.23² 8.15