

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.

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
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. City Hospital)

24143
File No.
Registered No. 6226
St. Ward

2. FULL NAME

Paul E. Kaufmann
(a) Residence, No. 4737 Anderson Ave 10 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 3 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 3 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 152
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo., 1

FATHER 13. NAME Frank Kaufmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Agnes Ink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, 11

17. INFORMANT (ADDRESS) Frank Kaufmann
4737 Anderson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabary Cemetery DATE July 7, 1932

19. UNDERTAKER (ADDRESS) St. Louis & Cabary Co.
4000 Natural Bridge

20. FILED UL - 6 10 1932 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1932

22. I HEREBY CERTIFY That I attended deceased from No Physician in Attendance 19..... to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related cause of importance were as follows:
Spontaneous Rupture of Spleen, Fracture of Ribs, Internal Hemorrhage, Collision between the Victim's Deceased was driver of Auto
Other contributory causes of importance:
21019 St. Louis Mo., 1
Criminal Carelessness
(1932)

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 7-4, 1932

Where did injury occur? St. Louis
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place
Nature of injury Struck from Auto
Ruptured Spleen Fractured Ribs

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. W. Kerner M. D.
(Address) St. Louis, Mo.

