

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.

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

Do not use this space.

3744

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **17473**
City **St. Louis** (No. **City Hospital**)

File No.
Registered No. **700**
St. Ward)

2. FULL NAME

(a) Residence, No. **2501 Prussia** 9 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **8** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **divorced**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 11 1894**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 5 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Mechanic**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Machine Shop.**
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) **Carlinville Illinois**

13. NAME **Edward Paul**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Anna Wiese**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Hospital Information City of St. Louis**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Paul Churchyard** DATE **Jan 20 1933**

19. UNDERTAKER (ADDRESS) **Jos. P. Fendley, Jr. 728 Michigan Ave.**

20. FILED **Jan 19 1933** **City of St. Louis** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 18th 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 4th 1933**, to **Jan. 18th 1933**
I last saw him alive on **Jan. 18th 1933**. Death is said to have occurred on the date stated above, at **9:15 A.M.**

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
237
23

Other contributory causes of importance:

Tuberculosis Laryngitis

Name of operation..... Date of.....
What test confirmed diagnosis? **Clin** Was there an autopsy? **No**

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.....
Nature of injury.....

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

(Signed) **J. McLaughlin**, M. D.
(Address) **City Hospital**

Paul