

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

Do not use this space.

3854

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1000  
City St. Louis (No. City Hospital #1)

File No.....  
Registered No. 817 Ward.....

**2. FULL NAME**

(a) Residence, No. 2304 1/2 S. Compton St. Ward. 17  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Paulis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>31</u>	<u>4</u>	<u>8</u>	

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

13. NAME Matthew Paulis

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

15. MAIDEN NAME Agnes Indermann

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

17. INFORMANT Hospital information  
(ADDRESS) City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Peter's Park DATE 1-25 1933

19. UNDERTAKER Heyskausen mortuaries  
(ADDRESS) 410 1/2 S. Washington Ave.

20. FILED JAN 23 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1933, to Jan. 22 1933  
I last saw him alive on Jan. 22 1933. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Pulmonary Tuberculosis  
(Far Advanced)

Other contributory causes of importance.....

Name of operation..... Date of.....  
What test confirmed diagnosis? Urn 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. Coleman M. D.  
(Address) City Hospital #1

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.

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