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.

JAN 26 1934

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

Do not use this space.

41328

1. PLACE OF DEATH 96
County St Louis
Township Carondelet
City (No. 119 Little Bdwy St. Ward)

Registration District No. 1123
Primary Registration District No. 6248A

File No.
Registered No. 374

2. FULL NAME John K. Paulish
(a) Residence, No. 119 Little Bdwy 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 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 Pauline Paulish

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 1876

7. AGE YEARS 57 MONTHS 2 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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

69

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

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10

17. INFORMANT (ADDRESS) Pauline Paulish 119 Little C

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Trinity DATE Dec 4 19

19. UNDERTAKER (ADDRESS) Fendler Und Co 1819 Mich

20. FILED Dec. 4 1933 B F Tate M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1933, to Dec 2 1933
I last saw him alive on Dec 1 1933 Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis — Date of onset 1932

136B

106B

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Symptoms 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) B F Tate, M. D.
(Address) 9439 Edgar ave