

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
 Township Rock
 City (No. _____) _____

Registration District No. 423
 Primary Registration District No. 5578

File No. 29820
 Registered No. 34
 St. _____ Ward _____

2. FULL NAME

Lydia Paul

(a) Residence. No. _____ St. _____ 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 Female 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12th 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 | 2 | 9 | 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pevely Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Stahl

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Jende

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Herritta Schwalbe
 (Address) Kimmswick Mo.

15. FILED Aug 28 1934 Phil J. Rijk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25th 1934

17. I HEREBY CERTIFY That I attended deceased from Aug 16 1934 to Aug 25 1934 (that I last saw her alive on Aug 25 1934 and that death occurred; on the date stated above, at 9-30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
1. Bronchitis Pneumonia
2. 74
102 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 101

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Physical
 (Signed) O. J. Beech, M. D.
 (Address) Kimmswick Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Johns Lutheran Cemetery DATE OF BURIAL Aug 28 1934

20. UNDERTAKER Fred Heiligtag ADDRESS Kimmswick Mo. U.C.F. 3.

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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SEP 7 1934

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