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.

31085

1. PLACE OF DEATH SEP 23 1934

County ..... Registration District No. 791 1003 File No. 8380

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 3634 Louisiana Ave. St. ..... Ward)

2. FULL NAME Pauline Obenhaus

(a) Residence, No. 3634 Louisiana Ave. St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 22nd. 1862.

7. AGE: YEARS 72 MONTHS 2 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME Henry Klasing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Henry Obenhaus 3634 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE Aug. 16th. 1934

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S. Broadway

20. FILED 16 ..... 19 J. W. Bledeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 13th. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934 to Aug. 13, 1934

I last saw her alive on Aug. 13, 1934. Death is said to have occurred on the date stated above, at 11.45 P.M.

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

	Date of onset
Sarcoma of Small Intestines and Mesentery	
Primary seat in small intestines	

Other contributory causes of importance:

Chronic Myocarditis

46

Name of operation Exploratory Laparotomy Operation Date of 7/3/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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. W. Klippel, M.D. M. D.

(Address) 3772a S. Broadway