APR 3 1935

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

Do not use this space.

791

10986

1. PLACE OF DEATH

County ..... Registration District No. 1008 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2615

City St Louis Mo (No. 3328, Lemp av St. ..... Ward)

2. FULL NAME Mathias Paulisek

(a) Residence, No. 3328 Lemp av St., 24 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 31/1866

7. AGE: YEARS 68 | MONTHS 9 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Austria

FATHER

13. NAME: unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Lee Paulis 5742 Holly Hills

18. BURIAL, CREMATION, OR REMOVAL PLACE: Old S.S. Peter & Paul DATE: March 22, 1935

19. UNDERTAKER (ADDRESS): Ziegenhein Bros 2603 Cherokee St

20. FILED MAR 20 1935, 19 J. F. Beedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1935, to Mar 18, 1935

I last saw him alive on Mar 18, 1935. Death is said to have occurred on the date stated above, at 3 a.m.

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

Chronic Myocarditis — Date of onset: Don't Know

131

Other contributory causes of importance: Chronic Nephritis — Don't Know

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 5005 A Gorgois

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.

100M-11-24-33