

DEC 20 1935

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

Do not use this space.

37273

## 1. PLACE OF DEATH

County Hopkirk  
Township Coastal  
City Clayton (No. St. Louis Co. Map)

Registration District No. 220  
Primary Registration District No. 6033

File No. \_\_\_\_\_  
Registered No. 349  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Paulroy Clarence  
(a) Residence, No. 210 Lee St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
44 8 10

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

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) 9/24/35 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dundas Mo.

13. NAME Henry Paulroy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dundas Mo.

15. MAIDEN NAME Elizabeth Dema

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Susan Paulroy (ADDRESS) 210 Lee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Burial DATE Dec 8, 1935

19. UNDERTAKER Empire (ADDRESS) 408 Spruce St. St. Louis

20. FILED 12/2 1935 D. J. Sigorelle Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/20/35, 1935, to 11/27/35, 1935

I last saw h. l. m. alive on 11/29/35, 1935. Death is said

to have occurred on the date stated above, at 12:00 noon

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

See Myocarditis  
Hypostatic Pneumonia  
Robor  
108

Other contributory causes of importance:

Structure of the heart  
Peptic Ulcers  
Name of operation Post-Mortem Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935

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 \_\_\_\_\_

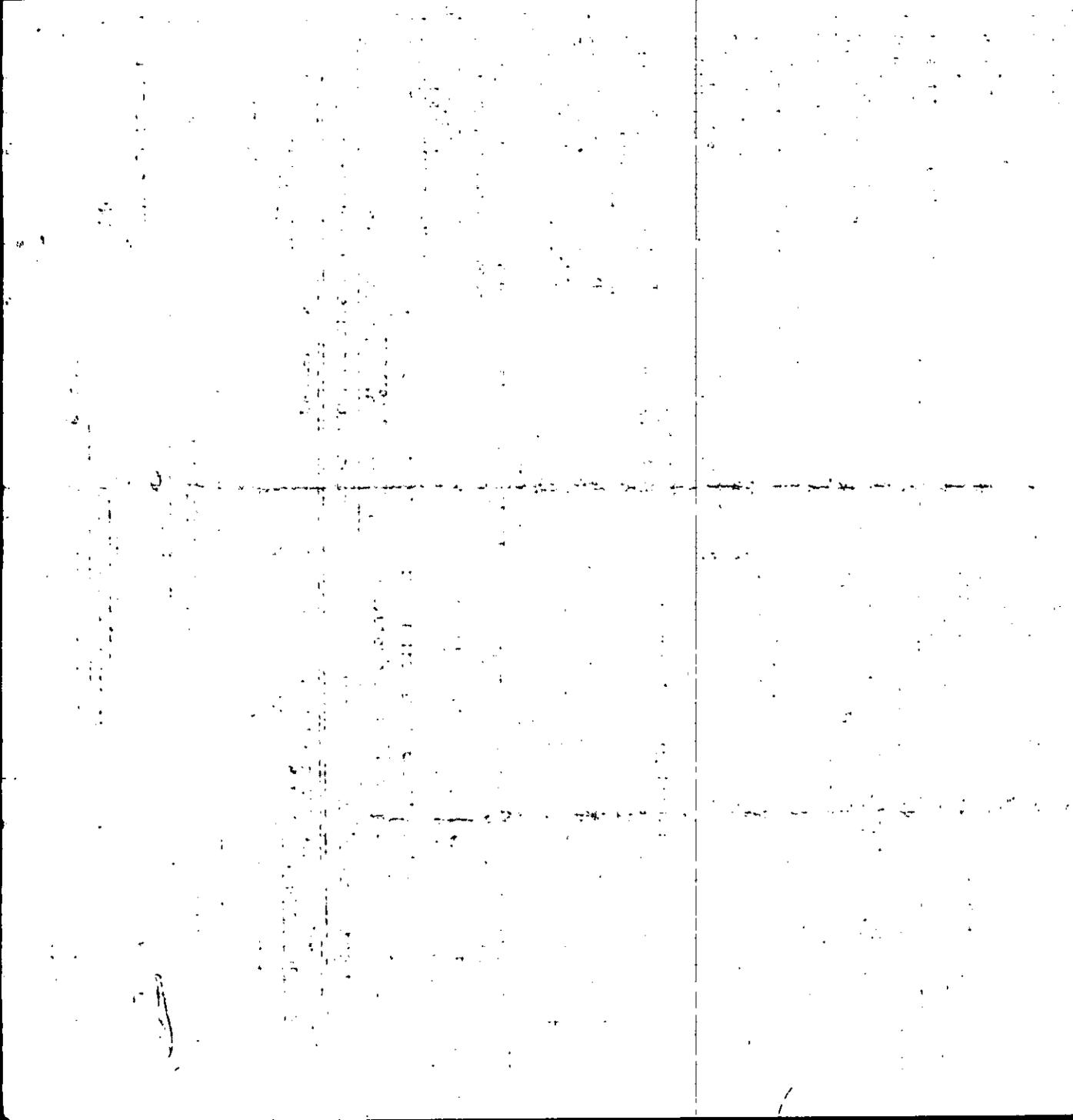
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. J. Casper, M. D.

(Address) St. Louis



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**ALL INFORMATION OBTAINED  
HEREIN MUST BE WRITTEN ON  
THIS SUPPLEMENTARY**

1. PLACE OF DEATH  
 County St. Louis Registration District No. 790  
 Township ..... Primary Registration District No. 60-38-a  
 City ..... (No. ....) St. .... Ward)  
 2. FULL NAME Jantroy Clarence  
 (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 m 4. COLOR OR RACE c 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
44 8 10  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
 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) .....  
 MOTHER FATHER 13. NAME .....  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 15. MAIDEN NAME .....  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....  
 17. INFORMANT (ADDRESS) .....  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19 .....  
 19. UNDERTAKER (ADDRESS) .....  
 20. FILED 790/36 1936 A. J. Symmes Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/29 1936  
 22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
 The principal cause of death and related causes of importance were as follows:  
Stricture of Urethra  
Urinary Retention  
 Date of onset .....  
 Other contributory causes of importance:  
Stricture of Urethra  
 Name of operator Paul Stage prostetology Date of operation .....  
 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) D. J. [Signature] M. D.  
 (Address) Verde

**SUPPLEMENTARY**

S-37273

RECEIVED  
MAY 19 1964