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.

FEB 11 1936

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

Do not use this space.

3743

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 994

City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME John Pauselius

(a) Residence, No. ~~2215~~ Wheaton Ave St., NR Ward. St. Louis Co., Mo.
(Usual place of abode) 2251 (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): Divorced

5A. IF ~~MARRIED, WIDOWED, OR~~ DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Pauselius

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1884

7. AGE: YEARS 51 MONTHS 8 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common
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) St. Louis Co., Mo.

FATHER

13. NAME Charles Pauselius
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Creely
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant Mo.

17. INFORMANT (ADDRESS) Mrs. Florence Zuhone 3124 Brown Road.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zions Cem DATE Jany 28, 1936

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc 5966 Easton ave.

20. FILED JAN 27 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 24th, Jan., 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 5;07 m. P.

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

Pancreatitis (chronic); with Lithiasis; Pulmonary Edema.

Date of onset

Other contributory causes of importance: 28

Name of operation ..... 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 ....., 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) Harold [illegible], M.D.

(Address) Dyfor