

MAR 12 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 176871)

St. Ward.....

File No. 7616

Registered No. 1264

## 2. FULL NAME

Pauline Panhorst

(a) Residence, No. 1452 N. Market St.

(Usual place of abode)

Length of residence in city or town where death occurred 65 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 F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Panhorst
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6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1870

7. AGE	YEARS 65	MONTHS 6	DAYS 20	IF LESS than 1 day, ..... hrs. or ..... min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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OCCUPATION	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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OCCUPATION	10. Date deceased last worked at this occupation (month and year)
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11. Total time (years) spent in this occupation
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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER	13. NAME Henry Willich
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FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
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MOTHER	15. MAIDEN NAME Frieda Unknown
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MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
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17. INFORMANT (ADDRESS) Dr. J. P. Keyser, City St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Veterans Cem. DATE Feb 4, 1936

19. UNDERTAKER (ADDRESS) Weidenwiden Funeral Home, 1926 St. Louis

20. FILED 1 1936 19 J. P. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27/36

22. I, HEREBY CERTIFY, That I attended deceased from 1/26/36 to 2/27/36, 1936.

I last saw him alive on 2/27/36. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Hypertensive heart disease with congestive failure

Other contributory causes of importance: 95%

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) Ralph N. Sarlow, M. D.

(Address) City St. Louis

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.

JAN 10 1949