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.

MAR 12 1936

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

Do not use this space.

8045

File No. 1716

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis Mo. (No. Barnes Hosp St. Ward)

2. FULL NAME Pauline Weisenfeld.

(a) Residence, No. 6647a Alabama St. St. Louis Mo. Ward. 1 (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*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1-1866

7. AGE Years 70 Months 1 Days 14 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) Missouri

FATHER

13. NAME Charles Griesheim

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 William Weisenfels (ADDRESS) 5301 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cmetery DATE Feb. 17, 1936

19. UNDERTAKER Thos. Kirtis (ADDRESS) 2906 Gravois Ave.

FEB 15 1936

20. FILED, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1935, to 2-14, 1936

I last saw her alive on 2-14, 1936. Death is said to have occurred on the date stated above, at 7:12 a.m.

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

	Date of onset
Arteriosclerosis, general	Unknown
Hypertension, essential	"
Auricular fibrillation	"

Other contributory causes of importance:

Bronchial asthma	1930
Infarct of lung	2-13-36

112

Name of operation None Date of —

What test confirmed diagnosis? X-ray EKG Was there an autopsy? No

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? No

If so, specify

(Signed) L. Goldich, M. D.

(Address) BARNES HOSPITAL