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.

APR 11 1936

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

Do not use this space.

791

1003

8592

2298

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 8592

Township ..... Primary Registration District No. ..... Registered No. 2298

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

2. FULL NAME Mary L. Paubel

(a) Residence, No. 4532 Geraldine 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27-1901

7. AGE — YEARS 35 — MONTHS 1 — DAYS 2 — 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) St. Louis Mo

FATHER

13. NAME James Morrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Scotland

MOTHER

15. MAIDEN NAME Louise Koenzle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT Fred Paubel
(ADDRESS) 4532 Geraldine ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE March 3 1936

19. UNDERTAKER L. B. Tanner
(ADDRESS) 6107 National Bridge Rd

20. FILED MAR 2 1936 J. F. Braddeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1936, to 2-29, 1936

I last saw her alive on 2-29, 1936. 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:

	Date of onset
Bilateral Acute Lobar Pneumonia	9 days
108	
Other contributory causes of importance: Acute Respiratory Infection	10 days

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) R. E. Owen, M. D.

(Address) Kennedy Club Bldg