

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.

JUN 5 1936

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

Do not use this space.
20342

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

File No. 5032

Township St. Louis

Primary Registration District No. 1003

Registered No. 5032

City St. Louis (No. City)

St. North Ward

St. North Ward

2. FULL NAME

(a) Residence, No. 1840 St. North Ward 26

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Emilia Pauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1868

7. AGE YEARS 68 MONTHS 1 DAYS 0 If LESS than 1 day, hrs. min.

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

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) Prussia

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT John J. Pauer (ADDRESS) City St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Paul DATE May 17 1936

19. UNDERTAKER Ray Reider (ADDRESS) 1417 N. Market St.

20. MAY 8 - 1936 19 John Pauer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8/36 19

22. I HEREBY CERTIFY, That I attended deceased from 5/6 1936 to 5/8/36 19

I last saw him alive on 5/8/36 Death is said

to have occurred on the date stated above, at 8:20 am.

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

Meningitis, Pneumococcus Date of onset Apr 20

Other contributory causes of importance:

Arteriosclerosis

Name of operation..... Date of.....

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) Ray Reider M. D.

(Address) City St. Louis

