

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

Do not use this space.

25090

JUN 27 1936

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
 Township Koch Primary Registration District No. 6248B  
 City Mo (No. Koch Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 529 N. Whittier St. St. Louis Mo  
 (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 <u>M</u>		4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annela Paussch</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14, 1879</u>					
7. AGE YEARS <u>56</u>		MONTHS <u>6</u>		DAYS <u>6</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barber</u>					
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) <u>Summerfield, Ill</u>					
13. NAME <u>John Paussch</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Summerfield Ill</u>					
15. MAIDEN NAME <u>Mary Apples</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>					
17. INFORMANT <u>History</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Summerfield Ill</u> DATE <u>June 22, 1936</u>					
19. UNDERTAKER (ADDRESS) <u>John Ziegenheim &amp; Sons</u> <u>7027 Myrtle St</u> <u>St. Louis Mo</u>					
20. FILED <u>June 22, 1936</u> <u>St. Mowry</u> Registrar					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1936 to June 20, 1936  
 I last saw him alive on June 19, 1936. Death is said to have occurred on the date stated above, at 3:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Ch. Pulmonary Tuberculosis  
23  
 Other contributory causes of importance:  
Mental Condition Undetermined

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Sputum 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? No  
 If so, specify \_\_\_\_\_ (Signed) Clair E. Rudy, M. D.  
 (Address) Koch Hospital  
Koch, Mo.

Date of onset  
Mar  
17 34

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.

