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.

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

Do not use this space.

32822

SEP 15 1936

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS MO. (No. 2049 ALFRED. AV. St. ..... Ward)

File No. .....

Registered No. 8701

2. FULL NAME PAULINE WESTPHAELINGER.

(a) Residence, No. 2049 ALFRED AV. St., 17 Ward.
(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: FEMALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (*write* the word): WIDOW.

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF HENRY WESTPHAELINGER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 29-1862

7. AGE: YEARS ~~78~~ 74 | MONTHS 1 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

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) GERMANY

FATHER

13. NAME FREDRICK PAPENMEIER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME WILHELMENA WABEL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Minnie WESTPHAELINGER, 2049 Alfred av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridgway ILL. DATE AUG. 22 1936

19. UNDERTAKER (ADDRESS) E. J. Schnur, 3125 Lafayette av.

20. FILED AUG 21 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 28th., 1936 to August 20th., 1936 Last saw her alive on August 20th., 1936 Death is said to have occurred on the date stated above, at 8 P. m.

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

	Date of onset
Coronary thrombosis	6-28-36
Other contributory causes of importance: Bronchial pneumonia	3 days

Name of operation None Date of .....

What test confirmed diagnosis? All uaual 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) [signature], M. D.

(Address) 2278 S. Jefferson