

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.

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis, Mo.** (No.....)

City Sanitarium St. Ward)

File No. **39086**

Registered No. **10095**

2. FULL NAME **Louise Pausch,**

(a) Residence, No. **4119 Shebandoah** 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 **52** yrs. **8** mos. **28** 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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. T. Pausch				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1883				
7. AGE	YEARS 52	MONTHS 53	DAYS 8	IF LESS than 1 day, hrs. or min. 28
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework			
	10. Date deceased last worked at this occupation (month and year) About 1915			
				11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri				
FATHER	13. NAME Joel Utley			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri			
MOTHER	15. MAIDEN NAME Caroline Keyser			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pennsylvania			
17. INFORMANT (ADDRESS) T. C. Sinclair				
18. BURIAL, CREMATION OR REMOVAL PLACE Valley View Cem. DATE 10/7 19 36				
19. UNDERTAKER (ADDRESS) Henry Hess, Blvd 2225 Grand Blvd				
20. FILED OCT 6 1936 J. Brebeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 4, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 2, 1936** to **Oct 4, 1936**

I last saw her alive on **Oct 4, 1936**. Death is said to have occurred on the date stated above, at **4:30 A.M.**

The principal cause of death and related causes of importance were as follows:
Paresis (Syphilis) **10-1935x** Date of onset

Other contributory causes of importance: **83**

Name of operation..... 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?..... 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 **T. C. Sinclair**, M. D.
(Signed) **City Sanitarium**
(Address)

