

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

Do not use this space.

JUN 12 1937

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File No. _____
Registered No. **4687**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City **St. Louis** (No. **4150 Schiller Place**)

2. FULL NAME Jacob Paulus

(a) Residence, No. **4150 Schiller Pl.** St. **15** 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 **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 **Mary**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 10, 1881**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	56	0	26	

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

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) **Hungary**

13. NAME **Jacob Paulus**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT **Mary Paulus**
(ADDRESS) **4150 Schiller Place**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **May 8, 1937**

19. UNDERTAKER **John L. Ziegenhein & Sons**
(ADDRESS) **7027 Gravois Ave.**

20. FILED **71937** _____
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 6, 1937** . 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at **2:05 P.m.**

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

_____ Date of onset _____

Run that wound in left side of neck, self inflicted at his home 4150 Schiller Place, May 6, 1937 about 2:05 P.M.

Other contributory causes of importance:

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? **Suicide** Date of injury **5/6/1937**

Where did injury occur? **St. Louis, Mo.**

(Specify city of town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **In home**

Nature of injury **4 See Above**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____

(Signed) **Joseph M. Truman** M.D.

(address) **Deputy Coroner**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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OCCUPATION
FATHER
MOTHER

