

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.

JUN 12 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. St. Anthonys Hospital)

File No. 18722
Registered No. 5298
St. _____ Ward)

2. FULL NAME Helen Paulus

(a) Residence, No. 3318a Winnebago St., 16 Ward.

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Paulus</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-7-1869.</u>		
7. AGE	YEARS	MONTHS
<u>75</u>	<u>68</u>	<u>1</u>
		DAYS
		<u>19</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</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) Collinsville
(STATE OR COUNTRY) Illinois

13. NAME Morritz Rodgers

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

15. MAIDEN NAME Minnie Pabst

16. BIRTHPLACE (CITY OR TOWN) Edwardsville
(STATE OR COUNTRY) Illinois

17. INFORMANT Adele Patek
(ADDRESS) 3318 Winnebago St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May, 29- 1937

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED 28 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 26th. 1937

22. I, HEREBY CERTIFY, That I attended deceased from April 14, 1937, to May 26, 1937.
I last saw her alive on May 25, 1937. Death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis with hypertension
I saw patient 1st time April 14

Other contributory causes of importance:
Chronic Nephritis

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 _____
(Signed) A. Schlossstein, M. D.
(Address) 3153 Longfellow Blvd.

202 599 202 102

