

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

Do not use this space.

OCT 24 1937

**791  
1003**

**32176**

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City ST. LOUIS (No. 2228 DODIER ST.) St. .... Ward.....  
Registered No. **8230**

**2. FULL NAME** FRANCES J. PAUBEL

(a) Residence, No. 2228 DODIER ST. St. 20 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) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 2 1882

7. AGE YEARS 55 MONTHS 3 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HAT MFG. Co.

10. Date deceased last worked at this occupation (month and year) 3/9/37 11. Total time (years) spent in this occupation 12 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, Mo.

13. NAME HERMAN PAUBEL

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

15. MAIDEN NAME MATHILDA FUNIK

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

17. INFORMANT Harry N. Paubel (ADDRESS) 5474 Queen Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETERS CEMETERY DATE Sept 3, 1937

19. UNDERTAKER Wm. M. Schumacher (ADDRESS) 4834 Natural Bridge

20. FILED **SEP 1 1937** J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1937 to Aug 31 1937

I last saw her alive on Aug 31 1937 Death is said to have occurred on the date stated above, at 10:55 p.m.

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

meta-static carcinoma Date of onset 1 yr.

Other contributory causes of importance: 19A carcinoma ovary primary 12 yr seat

Name of operation exploratory Date of 5/11/37  
What test confirmed diagnosis? lab 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? 1  
If so, specify Center Sundae (Signed) M. D.  
(Address) 7707 University Street

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS SHOULD STATE

470  
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