JAN 10 1938

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

43275
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791 2
(b) Township ..... Primary Registration District No. 1003 Registered No. 11525
(c) City ST. LOUIS (d) Street No. 3640 SHAW BLVD. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PAULINE M. GAUL
(a) Residence, No. 3640 SHAW BLVD. St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 GAUL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 10, 1859
7. AGE: YEARS 78 | MONTHS 6 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSEWORK
9. Industry or business in which work was done, as 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: 2½

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BELLEVILLE ILLS. 2

FATHER
13. NAME: HENRY SCHWALB
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY 10

MOTHER
15. MAIDEN NAME: MARIE SCHWARTZ
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY 10

17. INFORMANT (ADDRESS): MISS FREDERIKA GAUL 3640 SHAW BLVD.
18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. MATTHEW'S CEM. DATE DEC. 17, 1937
19. FUNERAL DIRECTOR (ADDRESS): PEETZ BROS. 3029 LAFAYETTE AVE
20. FILED DEC 15 1937 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1937
22. I HEREBY CERTIFY, That I attended deceased from November 1, 1937, to Dec. 15, 1937
I last saw her alive on Dec. 15, 1937 Death is said to have occurred on the date stated above, at 3:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	12-14-37
Chronic myocardial degeneration	several years
Acute nephritis, probably chr. nephritis	12-14-37

Other contributory causes of importance: 131

Name of operation ..... Date of .....
What test confirmed diagnosis? Special examination Was there an autopsy? .....

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) Frances R. Pitcher, M. D.
(Address) 5233 Watrimaw Cr.

(Licensed Embalmer's Statement on Reverse Side)

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.

877

50M-7-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, FRANK I. OWENS, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank I. Owens

Licensed Embalmer No. 2245

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)