

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

358  
Do not use this space.

FEB 12 1938

791

1. PLACE OF DEATH

(a) County ..... Registration District No. 1008  
(b) Township ..... Primary Registration District No. 8530 Church Road.  
(c) City St Louis, Mo. (d) Street No. 214  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Dina Pauge. 200  
(a) Residence, No. 8530 Church Road. St. 8  
(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 William Pauge.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 9 11  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.  
9. Industry or business in which work was done, as 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) Germany.  
13. NAME Henry Wiemann.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.  
15. MAIDEN NAME Unknown.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.  
17. INFORMANT (ADDRESS) Mrs. Raymond Berzmann, 8530 Church Road.  
18. BURIAL, CREMATION, OR REMOVAL PLACE St Johns. DATE Jan 8, 1938  
19. FUNERAL DIRECTOR (ADDRESS) Math Hermann & Son, 2161 East Fair Ave.  
20. FILED JAN 7 1938 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1938  
22. I HEREBY CERTIFY, That I attended deceased from July 28, 1934, to Jan 5, 1938. I last saw him alive on Jan 5, 1938, 5:30 PM. Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:  
Adeno Carcinoma Thyroid  
538  
Other contributory causes of importance:  
Slate Pneumonia, Bronchial Myocarditis (Senile), Chr.  
Name of operation ..... Date of .....  
What test confirmed diagnosis? Physical. 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 John B. Gillespie, M. D.  
(Signed) (Address) 5373 Union Blvd.

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

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

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 Leonard Hampton  
Licensed Embalmer No. 2967

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