

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

465  
Do not use this space.

1. PLACE OF DEATH **FEB 19 1938**

(a) County \_\_\_\_\_ Registration District No. **791**  
 (b) Township \_\_\_\_\_ Primary Registration District No. **1008** Registered No. **321**  
 (c) City **St. Louis** (d) Street No. **St. John's Hospital** \_\_\_\_\_ 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 **Catherine A. Paffhausen** **125**  
 (a) Residence, No. **307 W. Lockwood Ave** \_\_\_\_\_ St. **NR Webster Groves Mo** \_\_\_\_\_  
 (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 5, 1878**

7. AGE YEARS **59** MONTHS **4** DAYS **4** IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **house work**  
 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) **St. Louis Mo.** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Christian Paffhausen**

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

MOTHER 15. MAIDEN NAME **Mary Ann May**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Mrs Clara E. Kelly (sister)**  
**307 W. Lockwood W. G.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old St. Peter's Paul Conv.** DATE **1/11 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Croghan Und. Co. Inc.**  
**714 6 Manchester Ave**

20. FILED **JAN 10 1938** **J. F. Bredeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/9 1938**

22. I HEREBY CERTIFY, That I attended deceased from **9 21** 19\_\_\_\_ to **Jan 9** 19\_\_\_\_

I last saw him alive on **Jan 30** 19\_\_\_\_ Death is said to have occurred on the date stated above, at **11:0 A** m.

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

**Generalized Carcinomatous** **metastasis** **1 yr ago**  
**HO primary breast**  
**left breast**

Other contributory causes of importance: **Chromom. mening. gl.**

Name of operation **Radiation Treatment** Date of **Apr 37**  
 What test confirmed diagnosis? **Prospecy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **No** Date of injury **None** 19\_\_\_\_  
 Where did injury occur? **No** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None**  
 Nature of injury **None**

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify \_\_\_\_\_

(Signed) **Chorowmiller** M. D.  
 (Address) **458 Humboldt Bldg**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should supply. AGE should be carefully supplied.

STATEMENT BY LICENSED EMBALMER

I, M. J. Croghan, Licensed Embalmer No. 2622 -

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself  
L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed M. J. Croghan  
Licensed Embalmer No. 2622 -

**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.)**