

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

REC'D MAY 10 1938

12495
Do not use this space.
3599

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1003 Registered in St. Louis
 (c) City St. Louis (d) Street No. 1460 Union Bl. St. Mo.
 (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 216 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1460 Union Bl. St. Mo. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female
 2. COLOR OR RACE Wh
 3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 4. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob
 5. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30 - 1849
 6. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
88 11 17
 7. OCCUPATION
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 38
 22. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1938, to Apr 16, 1938
 I last saw her alive on Apr 16, 1938. Death is said to have occurred on the date stated above, at 3:20 p. m.
 The principal cause of death and related causes of importance were as follows:
chronic pyocarditis several years Date of onset 1862
chronic arteriosclerosis
 Other contributory causes of importance:
6. Hardened Hip (Arteriosclerosis)
6. On Apr. 20 - 1938
6. at her home

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 FATHER
 13. NAME Henry Pausbourn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER
 15. MAIDEN NAME Sophia Maria Kwostein
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Minnie H. Awe
1460 Union Bl.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vitus DATE Apr 19 1938
 19. FUNERAL DIRECTOR (ADDRESS) Chas. E. Straub
1225 Union Blvd.
 20. FILED APR 18 1938 J. P. Brebeck Local Registrar.

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? no Date of injury 2-20, 1938
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury _____
 Nature of injury see above
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. L. Ward, M. D.
 (Address) 2155 N. Vandeventer Ave

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.

V. S. 2-27
BOM-7-26-37
I X12004

31555 Handwritten

STATEMENT BY LICENSED EMBALMER

I, Bernard A. J. Stuart, Licensed Embalmer No. 3500

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Bernard A. J. Stuart

Licensed Embalmer No. 3500

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.)