

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.

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 11233

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 3822a Utah Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Katherine Paulus U20

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob Paulus 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 11, 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>4</u>	<u>19</u>	hr. _____ min.

9. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At home

12. Name Peter Welter

13. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Paul
(City, town, or county) (State or foreign country)

15. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marie Welter

(b) Address 3822a Utah Place

17. (a) Burial (b) Date thereof Jan. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul Cem.

18. (a) Signature of funeral director N. J. Robert
(b) Address 1905 So. Grand Blvd.

19. (a) DEC 31 1939 (b) J. J. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3822a Utah Place
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th
year 1939 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1938 TO
Dec. - 30 -, 1939, to _____, 19____;
that I last saw her alive on Dec. - 2 -, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Operations PHYSICIAN _____

Of autopsy _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. P. Townsend (M. D. or other) _____
Address 6953 Groves Ave Date signed 12-30-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Robert*

Licensed Embalmer No. 502

P. O. Address St. Louis Mo.

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.)

If this body is not embalmed, above space should be left blank.