

No. 2  
-10-39  
17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23880

FILED AUG 25 1940  
791

State File No. \_\_\_\_\_

6325

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis

(c) Name of hospital or institution: 1438 E. Grand 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 19 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 9  
(If outside city or town limits write "RURAL")

(d) Street No. 1438 E. Grand  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME PAULINE VICTOR 236

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27  
year 1940 hour 1 minute P M.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Sigmund Victor

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased about 1849  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/22/40  
\_\_\_\_\_, 19\_\_\_\_, to 7/24, 1940  
that I last saw her alive on 7/24, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

8. AGE: Years Months Days If less than one day  
ab 91 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Acute Bacillary Dysentery 3 Days

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

10. Usual occupation At Home

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Bacharach 6

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

14. Maiden name unk

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Records at J. O. O. F. Home

(b) Address 1438 E. Grand

17. (a) Burial (b) Date thereof 7/29/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Mt. Sinai.

18. (a) Signature of funeral director H. B. Berger  
4715 Mc Pherson

(b) Address \_\_\_\_\_

19. (a) JUL 28 1940 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

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? Y

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury? \_\_\_\_\_

23. Signature E. Segaloff (M. D. or other)  
Address 622 E. 12th, Clark Date signed 7/27/40

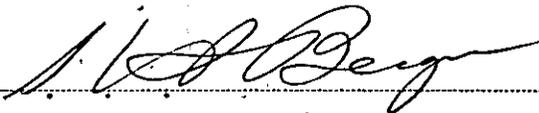
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

V. CLU B

**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 .....

Licensed Embalmer No.....

P. O. Address.....

**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.**