DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34072

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8769

NOV 16 1940

1. PLACE OF DEATH:

(a) County

(b) City or town: Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Lane Hospital.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County

(c) City or town: Saint Louis, 24
(If outside city or town limits, write "RURAL")

(d) Street No.: 3828-A Oregon Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Paul Kauffmann,

3. (b) If veteran, name war

3. (c) Social Security No. 489-18-9822.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married.

6. (b) Name of husband or wife: Carolina Kafuumann

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: December (Month) 8th, (Day) 1869. (Year)

8. AGE: Years 70 Months 10 Days 14 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation: Oiler

11. Industry or business: Anheuser Busch.

FATHER
12. Name: Christ Kauffmann,
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature: Carolina Kauffmann.
(b) Address: 3828-A, Oregon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 26, 1940. (Month) (Day) (Year)
(c) Place: burial or cremation: Old S. S. Peter & Paul.

18. (a) Signature of funeral director: Ziegenhein Bros.
(b) Address: 2625 Cherokee Street.

19. (a) OCT 24 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd, year 1940. hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/10/40, 19..., to 10/22/40, 19...; that I last saw him alive on 10/22/40, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of larynx	6 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature: [illegible] M. D. or other)
Address: 4930 Lindell, Date signed 10/23/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherok

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

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