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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

3510

State File No.

FILED JAN 25 1943

Registration District No. 284

Primary Registration District No. 111

Registrar's No. 21

**1. PLACE OF DEATH:**

(a) County St. Louis County, Missouri.

(b) City or town R. St.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's 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 Illinois (b) County Randolph 11

(c) City or town Red Bud 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Ermin Anthony Pautler

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Pautler

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

7. Birth date of deceased October 13, 1901
(Month) (Day) (Year)

8. AGE: Years 42 | Months 2 | Days 20 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name Nicholas Pautler
13. Birthplace Evansville (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Elizabeth Thummer
15. Birthplace Evansville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mayme Willenbrink
(b) Address Red Bud, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) JAN 5 - 1943 (Date received local registrar) (b) C. H. McGarvan (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 3 year 1943 hour 13 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 2, 1943 to Jan 3, 1943; that I last saw him alive on Jan. 3, 1943; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hypertensive Cardiovascular Disease | Uncertain |
| Sclerosis of Coronary Arteries | Uncertain |
| Due to | |
| Due to | |
| Other conditions: Edema of Lungs | 2 days |
| (Include pregnancy within 3 months of death) Pleurisy (Left) | 2 days |

Major findings:
Of operations .....
Of autopsy Confirmed diagnosis given above.

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)

(e) While at work? ..... (e) Means of injury .....

Signature G. O. Brown (M. D. or other) MD

Address 25 S. Grand Date signed 1/4/43

(Licensed Embal[illegible] [illegible]verse Side)

Copies
40
25/42

JAN 25 1943

## 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. Albert H. Hoppe

Licensed Embalmer No. 1861

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LI[illegible] EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of lic[illegible]**

**If this body is not embalmed, fact should b[illegible]**