S. No. 2
M—5-42
v 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED APR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12614

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3224

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006/76

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

(d) Street No. 5243 Lexington Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles H. Paust

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Violet B. Paust nee Starr

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August (Month) 7 (Day) 1869 (Year)

8. AGE: Years 73 Months 7 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Lithograph Artist

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Violet B. Paust
(b) Address 5243 Lexington Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 5 1943 (Date received local registrar) J. T. Bussock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3, year 1943 hour 6:45 PM minute M.

21. I hereby certify that I attended the deceased from August 14, 19 42, to April 3, 19 43 that I last saw him alive on April 3, 19 43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma	3 mo.
Due to Carcinoma of Bladder Urethra	6 mo.
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 Arthur Bredlach (M. D. or other) M.D.
Address 2902 University Date signed 4/5/43

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.