

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23359**
6843
Registrar's No. _____

LED AUG 7 1943 318

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. ANTHONY'S
(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 MO (b) County ST. LOUIS
(c) City or town WEBSTER GROVES 4
(If outside city or town limits, write "RURAL")
(d) Street No. 662 ATALANTA
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMILY E. PAUBEL

3. (b) If veteran, name war NO 3. (c) Social Security No. 492-07-4106

4. Sex F 5. Color or race W 6. (a) Single (widowed, married, divorced) 0

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

7. Birth date of deceased APRIL 29 1894
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace GUMBO MO. O
(City, town, or county) (State or foreign country)

10. Usual occupation BOOKKEEPER

11. Industry or business MO. STEEL & WIRE CO.

12. Name EDWARD PAUBEL

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

14. Maiden name EMILIE MUELLER

15. Birthplace GUMBO MO. O
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Paubel

(b) Address 662 Atlanta, Webster Groves, Mo.

17. (a) Buried (b) Date thereof JULY 31 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIRAM CEM.

18. (a) Signature of funeral director Schaden Funeral Home

(b) Address Ballerin

19. (a) JUL 29 1943 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 9 minute 30A M.

21. I hereby certify that I attended the deceased from July 28 1943 to July 28 1943;
that I last saw him alive on July 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolism Duration 6 hrs

Due to apex for carcinoma 6 mo.
signum

Due to _____
Other conditions (Include pregnancy within 3 months of death) HO

Major findings: Carcinoma PHYSICIAN _____
Of operations Signum
Of autopsy yes
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 _____

Signature M. Bullman (M. D. or other)

Address 607 N. Grand Date signed 7/29/43

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 *William J. Hiron*.....

Licensed Embalmer No. *4319*.....

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.