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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40361

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

FILED JAN 12 1944 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 11952

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1417 a S. 8th. St.  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Paul Pawlisz

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann Pawlisz 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January, 3, 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Russia (City, town, or county) (State or foreign country) 6

10. Usual occupation Laborer

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

12. Name Paul Pawlisz

13. Birthplace Russia (City, town, or county) (State or foreign country) 6

14. Maiden name Unknown

15. Birthplace Russia (City, town, or county) (State or foreign country) 6

16. (a) Informant Ann Pawlisz

(b) Address 1417 a S. 8th. St.

17. (a) Burial (b) Date thereof 12/31/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New ST. Peter & Paul Cem.

18. (a) Signature of funeral director Charles W. D. Co.

(b) Address 1722 S. Jefferson Ave.

19. (a) DEC 30 1943 (b) J. T. Budwick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29  
year 1943 hour 3:15 minute A M.

21. I hereby certify that I attended the deceased from December 25, 1943, to December 29, 1943; that I last saw him alive on December 29, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Anterograde heart failure

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

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

Other conditions diabetes mellitus  
(Include pregnancy within 3 months of death)

Major findings: Amputation of both legs

Of operation \_\_\_\_\_

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

Duration

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? \_\_\_\_\_

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

23. Signature Frank J. J. J. (M. D. or other) 4-1

Address 1515 Lafayette Ave. Date signed 12/29/43

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

MOTHER FATHER

**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 *Harry J. Schumaker*  
Licensed Embalmer No. *2679*  
P. O. Address *732 Irving Ave*

**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.**