No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16470

FILED JUN 9 1944 818

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 4933

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: 1707 Geyer Ave. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1707 Geyer Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Pauline Jehle

3. (b) If veteran, name war No

3. (c) Social Security No. ------

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife John Nep. Jehle

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

7. Birth date of deceased Unknown (Month) About (Day) 1867 (Year)

8. AGE: Years About 77 | Months Unknown | Days ____ | If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Germany (State or foreign country)

10. Usual occupation House wife

11. Industry or business ____

FATHER
12. Name ? Hanold
13. Birthplace Unk. (City, town, or county) ? (State or foreign country)

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

16. (a) Informant Mary Schovanez
(b) Address 1707 Geyer Ave,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Wm. G. Moynell
(b) Address 1926 Allen Ave.

19. (a) MAY 29 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May. day 26 year 1944 hour 3 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from Nov 15, 1943, to May 26, 1944, that I last saw him alive on May 26, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	yrs
Due to: Arterio Sclerosis	
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? ____
While at work? ____ (Specify type of place) (e) Means of injury ____

23. Signature Geo W Becker (M. D. or other)
Address 3606 Gravois Date signed 5/27/44

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 allen av

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, fact should be so stated above.