

FILED MAR 20 1946 **STANDARD CERTIFICATE OF DEATH**

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's 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:
4648 Newport
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community Life (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4648 Newport
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Adam Pausch

3. (b) If veteran, name war.....
 3. (c) Social Security No.

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

6. (b) Name of husband or wife Sophia

6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Dec 17 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 23
 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name George Pausch

13. Birthplace Europe

14. Maiden name Marie Dierenbach

15. Birthplace Europe

(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Pausch

(b) Address 4648 Newport

17. (a) Burial (b) Date thereof 3/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAR 13 1946 J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
 year 1946 hour 7 minute 00

21. I hereby certify that I attended the deceased from March 9 1946
 to March 9 1946

that I last saw him alive on March 9 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Arrest
As follows

Due to Chronic Myocarditis

Due to.....

Other conditions (Include pregnancy within 3 months of death)
93

Major findings: Of operations.....

Of autopsy.....

Duration 100

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?.....

(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 J. F. Brebeck (M. D. or other)

Address 7027 Gravois Date signed 3/14/46

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 14 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.