No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2933

Registrar's No. 472

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: 6155 N. Pointe
(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 86 yrs.

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. 6155 N. Pointe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Lena Paust
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased September (Month) 11 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
86	4	5	hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Casper H. Paust
13. Birthplace Unkn. (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Hannah Wemhoener
15. Birthplace Unk. (City, town, or county) Germany (State or foreign country)
16. (a) Informant Louis H. Paust
(b) Address 6155 North Pointe
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.
18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.
19. (a) JAN 16 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 16th year 1948 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 8, 1948, to Jan 15, 1948, that I last saw her alive on Jan 15, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	8 days
Due to: Cold	
Due to: Carcinoma of R. breast	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? none (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 Grace A. Moriarty (M. D. or other) M.D.
Address 4032 W. Florissant Ave. Date signed 1/16/48

Jefferson City Printing Co.

(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 Neville D. Grohwiller

Licensed Embalmer No. 369

P. O. Address 3934 No 20th St

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.