

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29141**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3095**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural. Meramec Twshp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural. Meramec Twshp.	
c. LENGTH OF STAY (In this place) 80 yrs		d. STREET ADDRESS (If rural, give location) Highway C. 4740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway C.			

3. NAME OF DECEASED (Type or Print) a. (First) Bernhard b. (Middle) c. (Last) Paubel			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Mar. 4, 1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Valentin Paubel	13b. MOTHER'S MAIDEN NAME Emma Jaeger	14. NAME OF HUSBAND OR WIFE Minnie Broemmelsick Paubel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Louis Eppler,	ADDRESS Glencoe, Mo. R 1.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2.0 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) arteriosclerosis 42.0%		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Serility			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 13, 1951**, to **Sept 5, 1951**, that I last saw the deceased alive on **Sept 5, 1951**, and that death occurred at **9:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Henry F. Scott M.D.	23b. ADDRESS Ballwin Mo.	23c. DATE SIGNED Sept 6 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 8, 51	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Lutheran	24d. LOCATION (City, town, or county) (State) Orrville, Mo.
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DATE REC'D BY LOCAL REG. 9-8-51	REGISTRAR'S SIGNATURE Herbert R. Lomke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home,	ADDRESS Ballwin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
U.S. 48

FILED SEP 15 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Geo. Schradew

Signed.....
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Bellwin, 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.