

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37140

State File No.

S. No. 300
v. 10-48

ED OCT 29 1952

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>2601</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND</u>		c. LENGTH OF STAY (In this place) <u>3 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND</u> <u>4231</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9710 BLACKLAND RD</u>				d. STREET ADDRESS (If rural, give location) <u>9709 BLACKLAND</u>			
3. NAME OF DECEASED (Type or Print), a. (First) <u>MAGDALENE</u> b. (Middle) <u>PAUBEY</u> c. (Last) <u>PAUBEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 7 - 52</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APRIL 9 1869</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u> <u>4</u>	
12. CITIZEN OF WHAT COUNTRY? <u>UNKNOWN</u>		13a. FATHER'S NAME <u>HENRY DEUTCHMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY MAGDALENE (UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>PETER PAUBEY DEC.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HELEN HUNTER 9710 BLACKLAND</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>senile changes.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>Mar 16 1952</u> to <u>Oct 7 1952</u> , that I last saw the deceased alive on <u>Oct 7 1952</u> , and that death occurred at <u>4:15 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>H. F. Snyder M.D.</u> (Degree or title)				23b. ADDRESS <u>2573 Woodson</u>		23c. DATE SIGNED <u>Oct 8th</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>10-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>10-9-52</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dombke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EARL HILMAN OVERLAND MO</u>			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. H. H. H. H. H.

Licensed Embalmer No. 3501

P. O. Address Orealand md

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.