

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **3589**  
Registrar's No. **0305**

FILED JAN 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Luthern Hospital		d. STREET ADDRESS (If rural, give location) 23 1911 So 11th St 0	
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Paulus c. (Last) Paulus			4. DATE OF DEATH (Month) (Day) (Year) 1 11 53
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-8-1891
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwk	11. BIRTHPLACE (City and State or Foreign Country) Austria 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwk		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Frank Speichert		13b. MOTHER'S MAIDEN NAME Marian Keller	14. NAME OF HUSBAND OR WIFE John (Deceased)
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Augustine 2829 Mohattan
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 Lane Lemay Mo I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Degenerative heart disease</i> INTERVAL BETWEEN ONSET AND DEATH 1 year  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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? 4343			
22. I hereby certify that I attended the deceased from <i>December, 1951</i> , to <i>January 11, 1953</i> , that I last saw the deceased alive on <i>Jan 11, 1953</i> , and that death occurred at <i>12 noon</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>R. A. Winbauer M.D.</i>		23b. ADDRESS <i>R. 3701 Grandel Sq</i>	
23c. DATE SIGNED 1-12-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-14-53	
24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. JAN 12 1953		REGISTRAR'S SIGNATURE <i>J. C. Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>m. J. B.</i>		ADDRESS Moydell Funeral Home 1926 Allen	

(Licensed Embalmer's Statement on Reverse Side)

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

*Jale A. Shannon*

Licensed Embalmer No. 4533

P. O. Address St Louis 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.