

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10794

State File No. ....

FILED APR 7 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 652

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Normandy Village</b> )		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>3 Mo. 14 Da.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>O'Sullivan Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>3006 No. Prairie Avenue 2109</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>IDA</b> b. (Middle) c. (Last) <b>PAUGE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 12, 1954</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>January 8, 1876</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home - Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Pauge</b>	
13b. MOTHER'S MAIDEN NAME <b>Dorothy Schaperkoetter</b>		14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Rev. Adolph Behnke</b>		ADDRESS <b>1422 Natural Bridge</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>		unknown	
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)	<b>4200</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 <b>Nov 29, 1953</b> , to <b>March 13, 1954</b> , that I last saw the deceased alive on <b>March 8, 1954</b> , and that death occurred at <b>10:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Lewis Littmann MD</b>		23b. ADDRESS <b>8231 Clayton Rd (17)</b>	23c. DATE SIGNED <b>3/13/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-16-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>3-15-54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F.H. 1936 St. Louis Avenue</b>	

Licensed Embalmer's Statement on Reverse Side

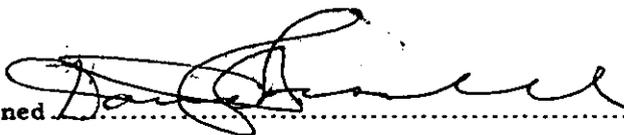
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Lewis E. Littmann, MD  
8231 Clayton Road  
PA. 0707

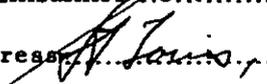
STATEMENT BY LICENSED EMBALMER

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 45

P. O. Address 

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.