

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

29231

**1. PLACE OF DEATH**

County .....  
 Township .....  
 City St. Louis (No. 3455 Hartford)

Registration District No. 791  
 Primary Registration District No. 1003

File No. ....  
 Registered No. 7864  
 St. .... Ward)

**2. FULL NAME** Paula Croissant

(a) Residence, No. 3455 Hartford St. 16 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12th. 1873.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>64</u>	<u>0</u>	<u>0</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Frederick Croissant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Louise Croissant  
 (ADDRESS) 3455 Hartford St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. rematory DATE Aug. 23rd. 1937

19. UNDERTAKER Wacker-Helderle  
 (ADDRESS) 2331 S. Broadway

20. FILE AUG 21 1937 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 20th. 1937

22. I HEREBY CERTIFY, That I attended deceased from 8 - 12, 1937, to 8 - 20, 1937

I last saw h. .... alive on 8 - 19, 1937 Death is said to have occurred on the date stated above, at 5.55 A.

The principal cause of death and related causes of importance were as follows:

Apoplexy Date of onset ?

Other contributory causes of importance: Chronic Nephritis

Name of operation None Date of .....  
 What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury F  
 Nature of injury F

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify

(Signed) Bernard Ploech, M. D.  
 (Address) 3527 Osage, St. Louis, Mo.

