

S. No. 2  
11-10-39  
3-17-39  
I X21492

SEP 25 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27027**

F-6347 **791**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **6923**

1. PLACE OF DEATH:  
(a) County Missouri  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
In this community 51 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1435 Ohear Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Frank Paust  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 13,  
year 1940 hour 8:00 minute 50 P.M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Margaret Paust  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 4, 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 9th, 1940 to August 13, 1940  
that I last saw him alive on August 13, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 9 Days 9  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death:  
Cerebral Thrombosis  
Due to arteriosclerosis  
hypertension  
Other conditions (Include pregnancy within 3 months of death)  
\_\_\_\_\_  
PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Metropolis, Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Laborer

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Benjamin Paust  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie LaQuet  
(b) Address 1435 Ohear Ave.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

17. (a) Burial (b) Date thereof 8/16/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Briedens

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director [Signature]  
(b) Address 2117 E. Grand Blvd.  
19. (a) AUG 16 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Walter Ford (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette, St. Louis Date signed 8/14/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Frank A. Moore  
Licensed Embalmer No. 13041  
P. O. Address 2117 E. Grand

**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, above space should be left blank.**