

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED OCT 18 1941
791 1

STANDARD CERTIFICATE OF DEATH

State File No. 29885

Registration District No.

Primary Registration District No.

1003

Registrar's No. 7224

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 23 12
(If outside city or town limits, write "RURAL")
(d) Street No. 2242 S. Jefferson 9
(If rural, give location)
(e) Citizen of foreign country? No Physician (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4th day September
year 1941 hour 8:00 minute _____ Pm M.
21. I hereby certify that I attended the deceased from _____
19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Stanley A. Pautler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Loretta Pautler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 26 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 10 9 hr. _____ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Insurance Broker

11. Industry or business Self

12. Name John Pautler

13. Birthplace Illinois (City, town, or county) (State or foreign country)

14. Maiden name Mary Riegt

15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant John Pautler

(b) Address 2242 S. Jefferson Ave

17. (a) Burial (b) Date thereof Sept 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave

19. (a) SEP 6 1941 (Date received local registrar) (b) J.P. Bredsch (Registrar's signature)

Autopsy & Remarks: Remarriage from a coronation of right lung when the vein struck had a rupture which was broken by one bank 2 Northville at Jefferson and occurred about 6:00 pm Sept 4 1941

Other conditions (Include pregnancy within 3 months of death) _____
Major findings Of operations 17004
Of autopsy 21

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Sept 4 - 1941
(c) Where did injury occur? St. Louis MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23 Public Place
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Walter Herr (M. D. or other) 3
Address Republic Date signed 9/6/41

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

F. M. J. Owen

Licensed Embalmer No. *2245*

P. O. Address *St. Louis*

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.