DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4622

State File No.

FILED FEB 16 1943

Registration District No. 8318

Primary Registration District No. 1005

Registrar's No. 1030

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Thayer
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME Fred Pauli

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lizzie Pauli

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 18, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	5	12	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Unknown Pauli

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Ernest Pauli

(b) Address Thayer, Missouri Rural Route

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (Month) (Day) (Year)

(c) Place: burial or cremation Thayer, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) FEB 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30 year 1943 hour 11-37 minute P. M.

21. I hereby certify that I attended the deceased from Jan 25, 1943, to Jan. 30, 1943; that I last saw him alive on Jan. 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) Generalized Arteriosclerosis	

Major findings:
Of operations: Gen. Arteriosclerosis
Of autopsy: Cerebral, kidneys etc. Old cerebral hemorrhage

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. F. Sassin (M. D. or other)

Address 3933 So. Broadway Date signed 1-31-43

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 Albert G Hoffman

Licensed Embalmer No. 2971

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 this body is not embalmed, above space should be left blank.