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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25178**

FILED JUL 23 1947

Registration District No. **3097**

Primary Registration District No. **6047**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Wentzville, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 Life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Charles

(c) City or town Wentzville, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ROSITA PAXA

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased May 10 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days - If less than one day _____ hr. _____ min.

9. Birthplace Palmit Hill Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Home Duties

11. Informant Bernard Mette

12. Name ↑

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

14. Maiden name Josephine Kabanf

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

16. (a) Informant Leo Paxa

(b) Address Wentzville Mo

17. (a) Burial (b) Date thereof 7-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmit Hill Mo

18. (a) Signature of funeral director Wentzville Mo

(b) Address _____

19. (a) 7/19/47 (b) Mrs. Jess Lewis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year '47 hour 57 minute 9 M.

21. I hereby certify that I attended the deceased from June 3
1947, to July 3 1947
that I last saw her alive on July 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Disease of Coronary Arteries

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Q4A

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Raymond A. Hugo (M.D. or other) _____
Address Wentzville Mo Date signed 7-15-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
District File Number
Date Filed 7-22-47

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

Wm A. Kasper

Registered Apprentice No. *499*

working under my personal supervision.

Signed *T. E. Huran*

Licensed Embalmer No. *2711*

P. O. Address *Wentzville Mo.*

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.