

FILED NOV 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39510

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9478

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Baden Station, St. Louis, County 4010	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 586 Chambers Road	

3. NAME OF DECEASED (Type or Print) Pauline			a. (First) b. (Middle) c. (Last) Neumann			4. DATE OF DEATH (Month) (Day) (Year) October, 25, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Sept. 21, 1864		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Mr. Solomon Weiss		13b. MOTHER'S MAIDEN NAME Anna F. Lendolt		14. NAME OF HUSBAND OR WIFE Deceased	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Laurine Schnell, 586 Chambers Rd.			ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fracture R hip (intracapsular)</i> ANTECEDENT CAUSES DUE TO (b) <i>Fall in hall & to senility</i> DUE TO (c) <i>arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Mildly Diabetic</i>				INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Fracture hip 400</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>E 4030</i>
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22. I hereby certify that I attended the deceased from *19/15* to *10/20/51*, 19____, that I last saw the deceased alive on *10/20*, 19*51*, and that death occurred at *8:15 p m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Hudson Jalscott</i> (Degree or title)		23b. ADDRESS <i>Metropolitan St Louis 3</i>		23c. DATE SIGNED <i>10/26/51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal via	24b. DATE Oct. 26, 1951	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Highland, Illinois
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DATE RECEIVED BY LOCAL REG. OCT 26 1951	REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Math Hermann & Son Inc.</i>	ADDRESS 2161 E. Fair Ave
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WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student
Student Embalmer

Signed *Glenn W. Hayes*
Student Embalmer No. *23737*

Licensed Embalmer No. *23737*

P. O. Address *St. Louis, 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.