

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33302

State File No.

FILED OCT 2 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8107**

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Meramec Twnshp. 4740	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) Wild Horse Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) Fannie b. (Middle) Doris c. (Last) Paubel			4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9, 1893
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.
10b. KIND OF BUSINESS OR INDUSTRY Own home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME August Wardenburg		13b. MOTHER'S MAIDEN NAME Amelia Bernerd	14. NAME OF HUSBAND OR WIFE Daniel Paubel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Daniel Paubel, Glencoe, Mo. R#1
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular Renal Disease</u></p> <p>INTERVAL BETWEEN ONSET AND DEATH: <u>6 yrs (?)</u></p> <p>ANTECEDENT CAUSES ? DUE TO (b) _____ DUE TO (c) _____</p> <p>11. OTHER SIGNIFICANT CONDITIONS Chronic Cholecystitis (?)</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)
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? <u>442X</u>
22. I hereby certify that I attended the deceased from <u>Aug 22, 1952</u> , to <u>Aug 25, 1952</u> , that I last saw the deceased alive on <u>Aug 25, 1952</u> , and that death occurred at <u>10:12 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>D. Paubel, MD</u>		23b. ADDRESS <u>503-5 Humboldt Blag</u>	23c. DATE SIGNED <u>8/25/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/28/52	24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery, Pond, Missouri
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>	
DATE REC'D BY LOCAL REG. AUG 27 1952		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Richard Brupp

Licensed Embalmer No. _____

4584

P. O. Address _____

Ballwin, 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.