

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40982

FILED DEC 14 1953

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State File No. 11551

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>City</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2129</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bernard Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>5370 Pershing (Branscomb Apts)</u>					
3. NAME OF DECEASED (Type or Print) <u>MATILDA</u>			a. (First)		b. (Middle) <u>NMI</u>		c. (Last) <u>PAUK</u>		
4. DATE OF DEATH <u>Dec. 5, 1953</u>		(Month)		(Day)		(Year)			
5. SEX <u>F. /</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 1870</u>			
9. AGE (In years last birthday) <u>83.</u>		IF UNDER 1 YEAR Months		IF UNDER 6 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None (invalid)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Henry Pauk</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Kurtzeborn</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond H. Pauk</u>				ADDRESS <u>7553 Stanford Ave. UC</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart block - failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic myocarditis</u>						2 yrs +	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Crippled since infancy polio-myelitis</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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>4221</u>					
22. I hereby certify that I attended the deceased from <u>1935</u> , to <u>Dec. 5, 1953</u> , that I last saw the deceased alive on <u>Dec. 4, 1953</u> , and that death occurred at <u>8:50 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. Hedw. Clark</u>			(Degree or title) <u>0 M.D.</u>			23b. ADDRESS <u>864 Hamilton Blvd St. Louis 12 Mo</u>		23c. DATE SIGNED <u>11-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>DEC 7 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D. R.P.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander &amp; Sons, Inc. 6175 Delmar Blvd</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. Fred Clark  
864 HAMILTON AVE,  
Ca. 2354

7936 *San Jose*

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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 *James E. McCulloch*.....

Licensed Embalmer No. *2468*.....

P. O. Address *6135-Plum*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.