

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis (NO. 1514 N. 10 St.)

Registration District No. 791

File No. 24484

Primary Registration District No. 1003

Registered No. 6919

St. 4 Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Walter Pasou

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Jan 17 1910
(Month) (Day) (Year)

AGE 4 yrs. 6 mos. 1 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) St. Louis

NAME OF FATHER Peter Pasou

BIRTHPLACE OF FATHER (City or town, State or foreign country) Poland

MAIDEN NAME OF MOTHER Maryanna Kobba

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Poland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Peter Pasou

(ADDRESS) 1514 N. 10 St.

Filed Jul 20 1914 191 Max O. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased ~~from~~ on July 18th, 1914, to _____, 191____, that I last saw him alive on July 18th, 1914, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH* was as follows:
Laryngeal diphtheria

10 (Duration) 09 yrs. 2 mos. 2 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) P. M. Rothman M. D.
7-18-1914 (Address) 1446 N. 11th St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 2 yrs. 1 mos. 1 ds. In the 4 yrs. 6 mos. 1 ds.

Where was disease contracted if not at place of death? _____

Former or usual residence 1514 N. 10 St.

PLACE OF BURIAL OR REMOVAL Calvary Cem DATE OF BURIAL 7/20 1914

UNDERTAKER H. J. Michel ADDRESS 2206 S. Jefferson

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.

