

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

DEC 13 1934

41237

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 1321 Franklin)..... St. .... Ward)

File No. ....  
Registered No. 11222..... Ward)

2. FULL NAME

Charles Passo  
(a) Residence, No. 1321 Franklin St., 25 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
About 81

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retiree  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) J. F. Edwards  
1321 Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory - 24 1934

19. UNDERTAKER (ADDRESS) Albert H. Happle, Inc  
429 N. Gable

20. FILED NOV 21 1934  
J. F. Bredeck  
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1934, to Nov. 22nd 1934.  
I last saw him alive on Nov. 22nd, 1934. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:  
Old age and cardiac failure  
Chronic Myocarditis  
16. 9. 20  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify J. M. Peltier, M. D.  
(Signed) J. M. Peltier  
(Address) 1323 Franklin Ave

