

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

Do not use this space.

1. PLACE OF DEATH **JAN 13 1936**

791

41.420

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No. **10644**

City... **St. Louis Mo.** (No. **2811**)

St. Louis

St. Ward)

2. FULL NAME **Jacob Pahl**

(a) Residence No. **2811** **St. Louis**

St., **24** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 15, 1935**

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

22. I HEREBY CERTIFY, That I attended deceased from **11-8, 1935, to 12-15, 1935**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 28-1858**

I last saw him alive on **alive on 12-15-35** Death is said to have occurred on the date stated above, at **9:00** a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 17

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
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

Date of onset

acute vascular heart disease
131
Other contributory causes of importance: **chronic pyelonephritis**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

Name of operation **none** Date of **none**

13. NAME **John Pahl**

What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **John P. Pahl** (ADDRESS) **3940 2 Nebraska Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACES **S. S. Keller + Paul** DATE **Dec. 18, 1935**

19. UNDERTAKER **Ziegenfuss Bros.** (ADDRESS) **26 1/2 S. 6th St. St. Louis Mo.**

20. FILED **DEC 17 1935** **J. Bredeck** Registrar.

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

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) **E. E. Hupp** M. D. (Address) **2801 Chippewa**

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.

