

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

Do not use this space.

JAN 23 1936

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *14476*)

Registration District No. *791*
Primary Registration District No. *1003*

File No. *41460*
Registered No. *10685*
St. Ward

2. FULL NAME

William Paasch
(a) Residence, No. *4175* *5th Ave.* Ward. *10*
(Usual place of abode)

Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 4 - 1878*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>57</i>	<i>5</i>	<i>9</i>	<i>12</i>	

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

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) *St. Louis Mo*

13. NAME *Christ Paasch*

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

15. MAIDEN NAME *Louise*

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

17. INFORMANT (ADDRESS) *Star... ..*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park 12720 1935*

19. UNDERTAKER (ADDRESS) *M. A. Stock, Under Corp. 2117 E. Grand*

20. FILED *DEC 18 1935* Registrar. *J. F. Bredack*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/16 1935*

22. I HEREBY CERTIFY, That I attended deceased from *12/16 1935* to *12/16 1935*
I last saw him *alive on 12/16 1935* Death is said to have occurred on the date stated above, at *6:35 a.m.*

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

Ruptured duodenal ulcer Date of onset *1245*

Other contributory causes of importance: *Cirrhosis of liver*

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

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.....
(Signed) *Geo. J. Seibold*, M. D.
(Address) *City St. Louis*

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.

