

JUN 26 1936

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

Do not use this space.

24122

1. PLACE OF DEATH

County *St. Louis*
Township *Central*
City *Central*

Registration District No. *789*
Primary Registration District No. *6033*
(No. *8366*; *Madison St.*)

File No. _____
Registered No. *167*
St. _____ Ward _____

2. FULL NAME

Christopher Pais

(a) Residence, No. *8366 Madison St.*, St. _____ Ward _____
(Usual place of abode)

(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

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Virginia Pais</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>October 9, 1885</i>		
7. AGE	YEARS	MONTHS
	<i>50</i>	<i>7</i>
		DAYS
		<i>25</i>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Bricklayer</i>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4*, 19 *36*
22. I HEREBY CERTIFY That I attended deceased from *May 19*, 19*36*, to *June 1st*, 19*36*
I last saw him alive on *June 1st*, 19*36*. Death is said to have occurred on the date stated above, at *7* a. m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Other contributory causes of importance: *108*

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>
	13. NAME <i>Don't know</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Don't know</i>
	15. MAIDEN NAME <i>Don't know</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Don't know</i>
	17. INFORMANT <i>Miss Justine Pais</i> (ADDRESS) <i>8366 Madison Ave</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cemetery</i> DATE <i>June 8</i> , 19 <i>36</i>	
19. UNDERTAKER <i>St. L. Pleitich Inc.</i> (ADDRESS) <i>5966 Easton Ave</i>	
20. FILED <i>66</i> , 19 <i>36</i> <i>St. Baehner</i> Registrar.	

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 _____
(Signed) *J. O. Thurman*, M. D.
(Address) *6753 Gage Ave*

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.

W. J. W. ...
6753 Page Ave.

Pa 3155