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

AUG 25 1936

Do not use this space.

27088

File No. 11

Registered No. 6

1. PLACE OF DEATH

County: Jefferson

Township: Meramec

Registration District No. 425

Primary Registration District No. 5580

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Otto Paasch

(a) Residence, No. ..... St., ... Ward. St Louis Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12-1904

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	10	22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Halistrine Co

10. Date deceased last worked at this occupation (month and year) 7/3/36

11. Total time (years) spent in this occupation 4 years

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

FATHER

13. NAME Wm G. Paasch

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

MOTHER

15. MAIDEN NAME Louise Tellhorst

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

17. INFORMANT (ADDRESS) Mrs. C. P. Albrecht

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE July 7 1936

19. UNDERTAKER (ADDRESS) J. H. Brinker Hot Springs Ark

20. FILED Aug 25 1936 James A. Townsend Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 7-30 P.M.

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

	Date of onset
Heart failure	7/4/36
Coroners inquest	

Other contributory causes of importance:

GSP

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify .....

(Signed) W. J. Kirchhardt M. D.

(Address) Cedar Hill, Mo.

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.

WHEN FILLED, WITH CONTAINING THIS IS A PERMANENT RECORD

See other side

This was a coroner's inquest and the M.D. called was a Dr Ozias of Eureka Mo who gave his opinion "heart failure."

Since the death, I find he had been under the direction of a St Louis physician who had been treating him for "Chronic heart disease"

James R Townsend