

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

Do not use this space.

SEP 10 1937

29055

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis** (No. **3457 A**, **Miami St.**, St. _____ Ward _____)

2. FULL NAME **Mimmie Louise Paschedag**

(a) Residence, No. **3457 A Miami St.**, St. **16** 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

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frederick Paschedag**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 18, 1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
 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 **Charles Peters**

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

15. MAIDEN NAME **Louise Unknown**

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

17. INFORMANT **Mrs. Hilda Blais** (ADDRESS) **3457 A Miami St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cemetery** DATE **Aug. 17, 1937**

19. UNDERTAKER **Wm. F. Paschedag** (ADDRESS) **2825 N. Grand Blvd.**

20. FILED **AUG 15 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 14th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **July 26th, 1937**, to **August 14th, 1937**
 last saw **her** alive on **Aug 14th, 1937**. Death is said

to have occurred on the date stated above, at **2:00 p.m.**
 The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease Date of onset _____
General Arteriosclerosis
Diverticula of Bladder (urinary)
 Other contributory causes of importance:

Name of operation **none** Date of _____

What test confirmed diagnosis? **Autopsy** 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 a 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) **Robert L. Drury**, M. D.

(Address) **3548 So. Grand**

St. Louis 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.

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