

00114 1937

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

32444

Do not use this space.

8498

Registered No.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, Mo. (d) Street No. Lutheran Hospital St.
(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mr. Fred W. Paske

(a) Residence, No. 5704 Murdock St. 14
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Mathilda Dahlke Paske
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2, 1856
7. AGE YEARS 80 MONTHS 10 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation 38 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schoelien, Germany

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mr. Frank Paske 5704 Murdock

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Cem. DATE Sept. 11, 1937

19. FUNERAL DIRECTOR (ADDRESS) Reiterweiden Funeral Home 1936 St. Louis Ave.

20. F. SEP 10 1937 J. T. Brudeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5th, 1937 to Sept. 9th, 1937
I last saw him alive on Sept. 9th, 1937 Death is said to have occurred on the date stated above, at 6:10 A. M.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis Results of 1 wk.
Arteriosclerosis 1 yr.

Other contributory causes of importance: 97

Name of operation Date of
What test confirmed diagnosis? Lab. Phys. 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) Dr. W. H. Walters M. D.
(Address) 3608 So. Grand Blvd.

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.

Dr. Walter
3608 S. Lora.

2-4.

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krupin, Licensed Embalmer No. 3497
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Felix J. Krupin
Licensed Embalmer No. 3497

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)