

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

DEC 13 1937

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

40036
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City St. Louis, Missouri (d) Street No. 3931 Connecticut St. **11023**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dr. Reinhold Passler,

(a) Residence, No. 3931 Connecticut St. **16** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Minnie Stolte Passler			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1862			
7. AGE 75	YEARS	MONTHS 7	DAYS 5
			IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician		
	9. Industry or business in which work was done, as saw mill, bank, etc. Medical		
	10. Date deceased last worked at this occupation (month and year) May 1, 1936		
		11. Total time (years) spent in this occupation 45 years	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxon, Germany		
	13. NAME Friederich Passler		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
	15. MAIDEN NAME Wilhelmina Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
17. INFORMANT (ADDRESS) Minnie Passler 3931 Connecticut			
18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE Dec. 1, 1937			
19. FUNERAL DIRECTOR Beiderwieden F. Home, Inc. (ADDRESS) 1936 St. Louis Avenue			
20. FILE NO. NOV 30 1937 J. F. Bredeck Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 27, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **6-5**, 19**36** to **11-27**, 19**37**
 I last saw her alive on **11-27**, 19**37** Death is said to have occurred on the date stated above, at **7:45 P.M.**
 The principal cause of death and related causes of importance were as follows:
Septic myocardiopathy due to bacteremia and emboli
catarrhal
 Date of onset **11-20**

Other contributory causes of importance:
Prostatic Calculus
hypertension
arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? **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? **Yes**
 If so, specify **Brain aneurysm** M. D.
 (Signed) **Wm. J. Bredeck**
 (Address) **3844 1/2 W. 11th St.**

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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Rev. C. B. ...
2444⁺ Calif. ...
6 Pr. ...

Rev. 3421 Conn.
La. 8621

STATEMENT BY LICENSED EMBALMER

I, Felix J. Krispin 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. Krispin

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.)