

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

1 X12004
30487-7-20-37

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.

813
JAN 11 1939

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

40950
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **731**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **en route to Alexian Brothers Hospital** St.
 (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 **Herman Paschke**

(a) Residence, No. **310 Lenhardt** St. **NR** **Lemay, Missouri**
 (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **ANNA**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 2, 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
51 3 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Mehlville** 0
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Herman Paschke** 6
 14. BIRTHPLACE (CITY OR TOWN) **Germany** 6
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Minnie Rohr**
 16. BIRTHPLACE (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

17. INFORMANT **Mrs. H. Paschke - Widow**
 (ADDRESS) **Lemay, Missouri**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **MT. HOPE CEM** DATE **12-12-1938**

19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co.**
 (ADDRESS) **7814 S. Broadway St. Louis, Mo.**

20. FILED **DEC 10 1938** **J.P. Budeck**
 Local Registrar.

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 9, 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **7:30a.m.**
 The principal cause of death and related causes of importance were as follows:
Septicemia with pulmonary embolism
Obstruction

Date of onset

Other contributory causes of importance:
HTA

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? **NO**
 If so, specify.....
 (Signed) **Joseph M. Quinn, M.D.**
 (Address) **.....**

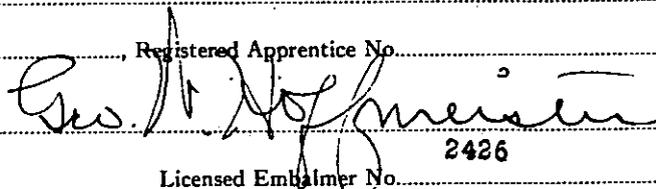
STATEMENT BY LICENSED EMBALMER

I, **George W. Hoffmeister**....., Licensed Embalmer No. **2426**

hereby certify that the body recorded on the reverse side of this certificate was embalmed by **L.C. Hoffmeister #3871**

..... L. E.

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

Signed .....
Licensed Embalmer No. **2426**

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.)