REC'D JUN 12 1939

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

17395
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No.
Primary Registration District No.
Registered No. 4929
(d) Street No. Christian 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 Henry E Pait
(a) Residence, No. 2200 Lucas & Hunt Road St. NR St Louis Co., Mo
(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: Dona
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1, 1865
7. AGE: YEARS 63 MONTHS 6 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

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

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

FATHER
13. NAME John Pait
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altom Ill.

MOTHER
15. MAIDEN NAME Emily Isom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Wallace E. Pait
(ADDRESS) 6918 Normandale
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon DATE June 1, 1939
19. FUNERAL DIRECTOR A Kron L & U CO
(ADDRESS) 2707 N. Grand Blvd.
20. MAY 31 1939 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1939
22. I HEREBY CERTIFY, That I attended deceased from 3-11-39, 1939, to 5-29, 1939
I last saw him alive on 5-29, 1939. Death is said to have occurred on the date stated above, at 7:22 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia unspecified	

Other contributory causes of importance:
Chronic endocarditis
Tumor Non Malignant
Name of operation Removal scrotal tumor Date of 5-27-39
What test confirmed diagnosis? Exam 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) [signature] M.D.
(Address) 5824 N. Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Paul F. Knowlenberg, Licensed Embalmer No. 2631

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Paul F. Knowlenberg

Licensed Embalmer No. 2631

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.)