

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.

1939 SEP 14 1939

**791**  
**1008**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3127 North Sarah Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Henry Louis Louis Henry Pabst 123

8. (b) If veteran, name war Spanish-American

8. (c) Social Security none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Oetting Pabst

6. (c) Age of husband or wife If alive 64 years

7. Birth date of deceased April 12 1872  
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Retired

12. Name John A. Pabst

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Minnie Pabst

(b) Address 3127 North Sarah Street

17. (a) Burial (b) Date thereof Aug 9 '39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Walter Von Fey

(b) Address #3402 No. Kingshighway

19. (a) AUG 8 1939 (Date received local registrar) (b) J. J. Borchert (Name and signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3127 North Sarah  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16  
year 1939 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 1 1939 to Aug 6 1939; that I last saw him alive on Aug 6 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 36 hrs.

Due to Diabetes 3 yrs

Arterio-sclerosis 15 "

Due to myocarditis 25 "

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. G. Krenning (M. D. or other)

Address 4548 1/2 Marriear Date signed 8/17/39

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

Signed

*Robert W. Harper*

Licensed Embalmer No. 1861

P. O. Address.....

**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.)**

If this body is not embalmed, above space should be left blank.