

1939 DEC 14 1939

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

37898  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. **9737**  
(c) City St. Louis (d) Street No. Mo. Baptist Sanitarium 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 Edwin E. Pairo,

(a) Residence, No. 1731 Bonita Ave. St. **NR** Richmond Heights, 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 Minnie Tiemann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1871-4-20

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 6 14

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Danville, Va.

FATHER 13. NAME John T. Pairo  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

MOTHER 15. MAIDEN NAME ? Tatum  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT Ralph Bohn,  
(ADDRESS) 1731 Bonita Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak GROVE Crematory DATE 11/16/39

19. FUNERAL DIRECTOR Robert J. Ambruster  
(ADDRESS) Clayton Rd. at Concordia Lane.

20. FILED 19 NOV 15 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/12/39, 19... to 11/14/39, 19...  
I last saw him alive on 11/13/39, 19... Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency Date of onset 11/2/39  
Perforated Gastric Ulcer 11/2/39  
Located on lesser curvature of stomach close to pylorus  
Name of operation... Emergency Lap. Date of 11/12/39  
What test confirmed diagnosis? X-Ray 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) C. A. Shepherd, M. D.  
(Address) 711a N. Kingshighway Blvd.

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.

STATEMENT BY LICENSED EMBALMER

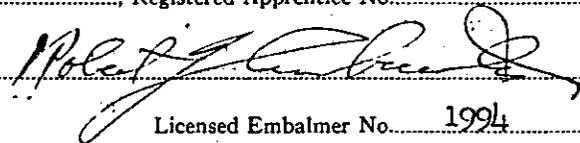
I, Robert J. Ambruster, Licensed Embalmer No. 1994

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



Licensed Embalmer No. 1994

**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.)**