

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19778  
Registrar's No. 4590

Registration District No. 791 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
2916a Palm St. /  
(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 Caroline Paschetag  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female! 5. Color or race W 6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife William Paschetag 6. (c) Age of husband or wife if alive Deed. years  
7. Birth date of deceased 9/9/1859  
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework  
11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Reumer  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Finke  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Caroline Paschetag  
(b) Address 2916a Palm St.  
17. (a) Burial (b) Date thereof 6-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.  
18. (a) Signature of funeral director Trout and Co.  
(b) Address 3710 N. Grand Blvd.  
19. (a) JUN 2 1941 (b) \_\_\_\_\_  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CO.  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2916a Palm St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th.  
year 1941 hour 3.10 minute P. M.

21. I hereby certify that I attended the deceased from May 1937 to May 30, 1941;  
that I last saw her alive on May 30, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Arterio Sclerosis

Due to \_\_\_\_\_

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

Major findings: Of operations 82  
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 Frank J. Schwarz (M. D. or other) \_\_\_\_\_  
Address 1800 Chippewa St. Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

*Dr. Schwartz  
5980 N. Cotta Ct.  
741484  
Till 10*

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

Signed A. A. Smilber.....  
Licensed Embalmer No. 3916.....  
P. O. Address 3710 N. Grand.....

**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.**