No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26138

FILED AUG 8 1941

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 1524

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Old Folks Home 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 711 S. Kirkwood 3
(If rural, give location)

(e) Citizen of foreign country? Mo (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Pauline Pastene

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph Pastene 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb (Month) 8 (Day) 1864 (Year)

8. AGE: Years 77 Months 5 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Boston (City, town, or county) 1 Mass. (State or foreign country)

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name Domenico Ceppi
13. Birthplace ..... (City, town, or county) 7 Unk. (State or foreign country)

MOTHER
14. Maiden name Katherine Unknown
15. Birthplace ..... (City, town, or county) 7 Unknown (State or foreign country)

16. (a) Informant Old Folks Home
(b) Address 711 S. Kirkwood Rd

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-23-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Louis H Bopp Jr
(b) Address Kirkwood Mo

19. (a) JUL 22 1941 (Date received local registrar) (b) J R Meyer M D DPH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1941 hour 8 minute .05 A.M.

21. I hereby certify that I attended the deceased from Jan 10-12 years ....., 19....., to July 21 1941; that I last saw her alive on July 14 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Chronic Hypertensive Cardiovascular	?
Due to: Vascular Disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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

23. Signature Emmanuel D. Thompson M.D. or other M.D.
Address 4952 Maryland Ave. St. Louis Date signed 7-21-41

(Licensed Embalmer's Statement on Reverse Side)

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 John M Meyer

Licensed Embalmer No. 3788

P. O. Address Kirkwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.