

FILED APR 13 1942

Registration District No. 704

Primary Registration District No. 101

Registrar's No. 790

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. LOUIS COUNTY HOSPITAL - D  
(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 M. (b) County 96  
(c) City or town MAPLE WOOD  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2628 OAKVIEW TERRACE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) A.  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ADOLPH GERMAIN PASQUIRE

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife KATHERINE PASQUIRE 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased OCT. 11th 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation REAL ESTATE (RETIRED)

11. Industry or business

12. Name JOSEPH PASQUIRE  
13. Birthplace Mo. (City, town, or county) (State or foreign country)  
14. Maiden name ANNASTATIA LYONS  
15. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mrs Katherine Pasquire

(b) Address 2628 OAKVIEW TERRACE

17. (a) BURIAL (b) Date thereof 4-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director L. Mullen

(b) Address 5165 DELMAR BLVD.

19. (a) APR 7 1942 (b) E. M. Barron  
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1942 hour 1:05 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Jumped from second story window. Duration \_\_\_\_\_

Due to Skull fracture with brain laceration & hemorrhage;  
Due to Fractured left femur.

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

Major findings:  
Of operations 1642  
Of autopsy Yes

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) Suicide.  
(b) Date of occurrence April 6, 1942  
(c) Where did injury occur? Ballwin, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Pine Crest Nursing Home  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Louis H. Barron (M.D. or other) \_\_\_\_\_  
Address Kirkwood, Mo. Date signed 4/7/42

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

**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.....

*H. G. Lewis*

Licensed Embalmer No.....

*3384*

P. O. Address.....

*H. G. Lewis*

**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, fact should be so stated above.**

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