

318 STANDARD CERTIFICATE OF DEATH
 1003

State File No. **29073**
 Registrar's No. **7574**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2503 Hadley St. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **35 Years** (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **17**
 (If outside city or town limits, write "RURAL") **9 2 6**
 (d) Street No. **2503 Hadley St.** (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Caroline Paschedag**
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**
 4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widow**
 6. (b) Name of husband or wife **William Paschedag** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **April 9, 1864**
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept.** day **10th**
 year **1942** hour **1** minute **30 A.** M.
 21. I hereby certify that I attended the deceased from **Aug 31**
1942 to **Sept 10** 19**42**
 that I last saw her alive on **Sept 9** 19**42**
 and that death occurred on the date and hour stated above.

8. AGE: Years **78** Months **5** Days **1** If less than one day
 _____ hr. _____ min.

Immediate cause of death **Chronic Myocarditis** **5 weeks**
 Due to **Cardiac asthma** **3 yrs.**
 Due to _____

9. Birthplace **St. Louis** (City, town, or county) (State or foreign country)
 10. Usual occupation **Housework**

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name **William Beckmann**
 13. Birthplace **Germany** (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Germany** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Carlisle Wilson**
 (b) Address **Wyandotte, Mich.**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 12, 1942** (Month) (Day) (Year)
 (c) Place: burial or cremation **New Pickers Cemetery**
 18. (a) Signature of funeral director **Mrs. C. Paschedag**
 (b) Address **2825 N. Grand Blvd.**
 19. (a) **SEP 11 1942** (Date received local registrar) **J. F. Medical** (Registrar's signature)

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 **2**
 23. Signature **J. F. Medical** (M. D. or other) **D.D.**
 Address **4167 Sci** Date signed **9/11/42**

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

AUG 23 1943

MISSOURI
STANDARD

FORCE

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.....

Es W Wilkinson

Licensed Embalmer No.....

3575

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, fact should be so stated above.