

FILED DEC 1 1942

518

Registration District No. \_\_\_\_\_

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

Registrar's No. 9213

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17

(c) City or town St Louis 925  
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 Franklin Av.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Theodore Pahde

3. (b) If veteran, name war None

3. (c) Social Security No. 490-02-8530

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Sept 20 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Shearer

11. Industry or business St Louis Bolt-Screw Co

12. Name Theodore Pahde

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Mueller

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Gustav Pahde

(b) Address 3956 Labadie Av

17. (a) Burial (b) Date thereof Nov 23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Burial

18. (a) Signature of funeral director Budmiedin funeral home

(b) Address 1936 St. Louis Av.

19. (a) Nov 23 1942 (b) J. F. Bredeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21, year 1942 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from October 28, 1942 to November 21, 1942; that I last saw him alive on November 21, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction

Due to Incarceration of Spleen

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

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

Major findings: 1/20

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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)

Means of injury \_\_\_\_\_

23. Signature Franz Henke (M. D. or other) Mo.  
Address 1515 Lafayette Avenue Date signed 11/21/42

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

3

**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 *[Handwritten Signature]*

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

**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.**