

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

33413

Registrar's No.

8866

OCT 19 1943

318

Primary Registration District No.

1003

Registration District No.

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

## 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:  
3148 N. Vandeventer Ave  
 (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)

3. (a) PRINT FULL NAME Otto Pabst

3. (b) If veteran, name war..... no  
 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife..... Beulah Pabst  
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... September 22 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 0 14 hr. min.

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

10. Usual occupation Tavern Operator11. Industry or business Tavern

MOTHER FATHER  
 12. Name unknown  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mayme Parker  
 (b) Address 3148 N. Vandeventer

17. (a) Burial (b) Date thereof Oct 9- 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem18. (a) Signature of funeral director A. K. ...(b) Address 2707 N. Grand Bly'd

19. (a) OCT 7 1943 (b) J. Z. ...  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town..... St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3148 N. Vandeventer  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 6 day 6 1943  
 year 1943 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Aug 15<sup>th</sup> 1943 to Oct 6<sup>th</sup> 1943  
 that I last saw him alive on Oct 6<sup>th</sup> 1 A.M. and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Palsy Duration  
Primary

Due to.....

Due to.....

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....

Of autopsy.....

## 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 W. Jackson Miller (M. D. or other).....  
 Address 2865 Ashland Date signed Oct 6 1943

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

Signed.....

*Paul F. Knocleberg*

Licensed Embalmer No. *2639*

P. O. Address..... *2707 W 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, fact should be so stated above.**