

0.2
2-43
7-39
X33697

FILED FEB 4 1944 318

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 971

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Yrs. 1 Mo 29 Dys
(Specify whether
In this community About 65 Yrs,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17th
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Lady Infirmary 13
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emil Pabst.

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Oct. 27 1848
(Month) (Day) (Year)

8. AGE: Years 95 Months 2Mo Days 5Dys If less than one day _____ hr. _____ min.

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

10. Usual occupation Clothes Maker.

11. Industry or business _____

12. Name Hercules L. Pabst.

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

14. Maiden name: UNKNOWN.

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

16. (a) Informant Emil Benckert

(b) Address 5700 Arsenal St -

17. Antonia Benckert (c) Date thereof 1-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis V.

18. (a) Signature of funeral director W. Richter

(b) Address 3700 Rutledge

19. (a) JAN 5 1 1944 (Date received local registrar) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1944 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Jan 1 1944
that I last saw him alive on Jan 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease (decompensated)
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury 0

23. Signature Tomie K. Simeonow MD. (M. D. or other)

Address 5800 Arsenal Date signed _____

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.