

FILED MAR 27 1948 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2446

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Furness Dr L Develge 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

3. (a) PRINT FULL NAME AVGUST. H. PASCHEDAG

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

4. Sex M 5. Color or race W 6. (a) Single Married (b) Married, divorced _____

6. (b) Name of husband or wife Anna M. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 63 Months 5 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Frederick Paschedag

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

14. Maiden name Minnie Peters

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

16. (a) Informant Mrs Minnie Paschedag

(b) Address 6561 Odell

17. (a) Burial (b) Date thereof 3 14 44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Chippewa (b) Address 6464 Chippewa

19. (a) MAR 14 1944 (Date received local registrar) (b) J. F. Buseck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17 3
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6561 Odell (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day twelfth year 1944 hour 8 minute 4 M.

21. I hereby certify that I attended the deceased from Feb 28, 1944 to 3-12, 1944 that I last saw him alive on 3-11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Left Spontaneous Pneumothorax Duration 14 days

Due to Emphysema Duration 2 years

Due to 107 Duration _____

Other conditions: Arteriosclerosis Duration 5 yrs?

(Include pregnancy within 3 months of death) Bronchopneumonia Rt. Duration 12 days

Major findings: Left Pneum PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy Left Pneumothorax; Arterio-sclerosis; Moderately enlarged heart

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature R. J. Steiner (M. D. or other) MD Address 622 University Club Bldg. Date signed 3/14/44

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

MOTHER FATHER

~~Steiner~~
Mr. ~~H. Spector~~ 12-3
~~the Steiner~~ Tuesday
Union Club Bldg.
Jeff 5946
9 a m

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.....

Lewis C. Hoffmeister....., Registered Apprentice No.....
working under my personal supervision.

Signed Lewis C. Hoffmeister.....

Licensed Embalmer No. 3871.....

P. O. Address 7814 S. Broadway.....

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.