

FILED JUL 21 1944 318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

6275

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. John's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 hours
(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 12
(If outside city or town limits, write "RURAL") 910
 (d) Street No. 4139 Margaretha
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Mr. Gustav Pahde

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-10-8618

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mathilde 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 6 1876
(Month) (Day) (Year)

8. AGE 67 Years 11 Months 7 Days hr. min.
If less than one day

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

10. Usual occupation Mechanic

11. Industry or business Public Service

12. Name unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Louis G. Berland

(b) Address 4139 Margaretha

17. (a) Burial (b) Date thereof 7 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Biederwieden Funeral Home

(b) Address 301 15 1944

19. (a) J. F. Bredel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 13
 year 1944 hour 7 minute 20 *M.

21. I hereby certify that I attended the deceased from 4-20-44, 19____, to 7-13-44, 19____;
 that I last saw him alive on 7-12-44, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration

Due to _____

Due to _____

Other conditions 8 3 21!
(Include pregnancy within 3 months of death)

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

23. Signature R. H. Glend (M. D. or other) _____

Address 3903 Park Date signed 7-14-44

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

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. *3737*

P. O. Address..... *1936 St. Louis*

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.