

FILED SEP 18 1944  
318

Primary Registration District No. 1003

State File No. 7772  
Registrar's No.

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

1. PLACE OF DEATH:

(a) County  
(b) City or town SAINT LOUIS:  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
418 CLARA AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. / (Specify whether)  
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County  
(c) City or town SAINT LOUIS:  
(If outside city or town limits, write "RURAL")  
(d) Street No. 418 CLARA AVENUE:  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country

3. (a) PRINT NAME EMMA GHISELIN PABST

(b) If veteran, name war NO. (c) Social Security No. NO.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ANDREW PABST 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased JULY 20 1872.  
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day  
72 I 18 hr. min.

9. Birthplace SAINT LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation (NONE) -AT HOME.

11. Industry or business

12. Name THOMAS MOORE  
13. Birthplace CANADA  
(City, town, or county) (State or foreign country)  
14. Maiden name UNK FITZROY  
15. Birthplace CHARLESTON, SOUTH CAROLINA  
(City, town, or county) (State or foreign country)

16. (a) Informant ANDREW PABST  
(b) Address 418 CLARA AVE

17. (a) ENTOMBMENT (b) Date thereof SEP 11 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation OAK GROVE MAUSOLEUM

18. (a) Signature of funeral director C.R. LUPTON & SONS  
(b) Address 7233 DELMAR BLVD.

19. SEP 8 1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEP 'T 8th day 8th  
year 1944. hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from February 1939 to Sept 8 1944  
that I last saw h. or alive on September 7 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 d.  
Due to Hypertensive cardiovasc. disease. 10 yrs

Due to Pellagra 5 yrs

Other conditions (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) (c) Means of injury  
23. Signature John L. Horner (M. D. or other) M.D.  
Address 114 N. Taylor St. L. Date signed 9-8-44

DR. JOHN L. HORNER

114 NO. TAYLOR AVE.

JE: 8600

1 to 5 P.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.....

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

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address Univisual City

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.