

FILED NOV 1 1944 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9091

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:
3734a Minnesota 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)

8. (a) PRINT FULL NAME John P. Pahl8. (b) If veteran, name war World War 1 8. (c) Social Security No. 328-10-83304. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Della 6. (c) Age of husband or wife if alive 48 years7. Birth date of deceased June 10, 1894
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
50 4 14 hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Iron Worker

11. Industry or business

12. Name Jacob Pahl
 13. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Swoboda
 15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Della Pahl
(b) Address 3734a Minnesota Ave.17. (a) Burial (b) Date thereof Oct. 27, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation S. S. Peter & Paul18. (a) Signature of funeral director Schumacher & Co.
(b) Address 3013 Meramec St.19. (a) Oct 27 1944 (b) J. F. Bredek
(Date received local registration) (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. 3734a Minnesota Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24th
year 1944 hour 6:10 minute A. M.21. I hereby certify that I attended the deceased from May
1, 1944, to Oct 24, 1944
that I last saw him alive on Oct 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Acute myocardium Uremia 3 days
10 daysDue to Chronic interstitial nephritis 6 yrs.
Hypertension 8 yrs.Other conditions none
(Include pregnancy within 3 months of death)Major findings:
Of operations noneOf autopsy none

Duration

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 H. Shelton M.D. (M. D. or other) M.D.
Address 4703 Virginia Date signed 10-25-44

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 Francis A Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo.

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, above space should be left blank.