

FILED AUG 24 1945
 318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **7253**

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:
Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 6042 Pershing Ave. 95
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Michael Pashos

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Pashos 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 25 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 13
 year 1945 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from
August 3, 1945, to August 13, 1945;
 that I last saw him alive on August 13, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia
 Due to Cerebral lesion Brain Abscess
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration
3 days
5 min
PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. **AGE:** Years 65 Months 6 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Vragoumano Greece 6
(City, town, or county) (State or foreign country)

10. Usual occupation Candy Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Pashos
 13. Birthplace Unknown Greece 6
(City, town, or county) (State or foreign country)
 14. Maiden name Sophia Unknown
 15. Birthplace Unknown Greece 6
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Pashos
 (b) Address 6042 Pershing Ave.

17. (a) Burial (b) Date thereof 8-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) AUG 20 1945 (b) J. F. Bredenk
(Date received from user) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy Brain Abscess

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 J. F. Bradley (M. D. or other) _____
 Address Barnes Hospital, Date signed 8-14

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

7258

7258

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 *Albert L. Wajda*
Licensed Embalmer No. *2971*
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.