

FILED AUG 27 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 931

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1423 No. 2nd. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *
(Specify whether
In this community 74 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1423 No. 2nd. St. 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. *

3. (a) PRINT FULL NAME Albert T. Pasternak

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

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

6. (b) Name of husband or wife Mary Pasternak 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 10 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 27 hr. min.

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

10. Usual occupation Retired Yard Man

11. Industry or business Ehrlich & Sons

MOTHER FATHER { 12. Name August Pasternak
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Pasternak

(b) Address 1423 No. 2nd. St.

17. (a) Burial (b) Date thereof Aug. 10, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Deuffler

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Aug. 21, 1946 (b) W. Nestle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7
year 1946 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-12-23
/ 1946, to 8-7-46, 1946;
that I last saw him alive on 8-7-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocardiasis Duration 10 1/2

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 73E
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 8

23. Signature Albert H. Munch (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed 8-9-46

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

20196

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 *Elmer Thomas*

Licensed Embalmer No. *2640*

P. O. Address. *St Joseph 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, fact should be so stated above.