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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 3 1946
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **9092**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2021 Forest 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2021 Forest Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto Carl Paasch

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

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

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

7. Birth date of deceased June 21 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>4</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Walnut Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Machinest

11. Industry or business Alco Valve Co.

12. Name Henrick Paasch

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

14. Maiden name Anna Hansen

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

16. (a) Informant Amanda Paasch

(b) Address 2021 Forest Ave.

17. (a) Removal (b) Date thereof Oct 24 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Iowa

18. (a) Signature of funeral director Jay B Smith Funeral Home

(b) Address 7456 Manchester Ave. Maplewood

19. (a) OCT 24 1946 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/23/46
year _____ hour 10:25 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 19-1946
to Oct 18/46
that I last saw him alive on Oct 18/46
and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Broncho-Pneumonia
Due to Gastric Bleeds (Bleeding)
Due to _____

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

Major findings: none
Of operations _____
Of autopsy _____

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?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature E. E. ... M.D. or other _____
Address 2901 Big Bend Rd Date signed 10/23/46

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

MOTHER FATHER

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 3454

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address. 7456 March

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.