

7. S. No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 352

Registration District No. 42 Primary Registration District No. 1000

11  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution:  
332 Indiana  
(d) Length of stay: In hospital or institution 30 years  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 332 Indiana St.  
(e) Citizen of foreign country? No  
If yes, name country Naturalized German

3. (a) PRINT FULL NAME RUDOLPH PASLEK  
(b) If veteran, None  
(c) Social Security No. 487-05-1688

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 8, year 1947 viewed 5 minute 00 A.M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife No  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased March 29, 1882

21. I hereby certify that I attended the deceased from March 8th 1947 to March 8th 1947  
that I last saw him alive on March 8th 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 11 Days 9

Immediate cause of death Coronary Occlusion

9. Birthplace Bremerhofen, Germany  
10. Usual occupation Mechanic  
11. Industry or business Swift & Co. Packers

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
Major findings: Of operations 94A  
Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Elsie Green (daughter)  
(b) Address Cheryvale, Kansas  
17. (a) Burial (b) Date thereof 3-13-47  
(c) Place: burial or cremation Ashland Cemetery

While at work? \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature B. W. Tadle, Jr. Coroner  
Address KING HILL BLDG St. Joseph, Mo. Date signed 3/12/47

18. (a) Signature of funeral director John C. Stepp  
(b) Address 6054 Bryor Ave. City  
19. (a) 3-13-47 (b) G. L. Jenkins

342 (Licensed Embalmer's Statement on Reverse Side)

**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.....

*John C. Repp*

Licensed Embalmer No. *3986*

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.**