

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19223**
Registrar's No. **5301**

FILED JUN 13 1947
318

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **6614a Devonshire**
(d) Length of stay: In hospital or institution **3** years
In this community **3** years

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **6614a Devonshire**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Virginia Pasch**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Fredrick A Pasch** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **October 10 1871**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **27** year **1947** hour **5** minute **30** P.M.
21. I hereby certify that I attended the deceased from **May 1st 1947** to **May 27th 1947**
that I last saw her alive on **May 26th 1947** and that death occurred on the date and hour stated above.
Immediate cause of death: **Coronary Thrombosis** Duration **2 days**
Due to **Atherosclerosis** **Hypertension** **Chorea** **Indefinite** **Indefinite** **3 years**

8. AGE: Years Months Days If less than one day
75 **7** **17** hr. min.

Other conditions: **PH**
(Include pregnancy within 3 months of death)
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **Luystown Mo**
10. Usual occupation **Housewife**
11. Industry or business **Own home**
12. Name **Mibord**
13. Birthplace **France**
14. Maiden name **Luys**
15. Birthplace **France**

Major findings: _____
Of operations: _____
Of autopsy: _____

16. (a) Informant **Fredrick Pasch**
(b) Address **6614a Devonshire**
17. (a) **Burial** (b) Date thereof **May 29 1947**
(c) Place: burial or cremation **Sunset Burial Park C. Hoffmeister Colonial Mortuary**
18. (a) Signature of funeral director **J. F. Bredeck**
(b) Address **6464 Chippewa St.**
19. (a) **MAY 28 1947** (b) **J. F. Bredeck**

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? _____
23. Signature **J. F. Bredeck** (M. D. or other) **J. F. Bredeck**
Address **3228 Franklin Ave** Date signed **May 28 1947**

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

MOTHER FATHER

Dr. C. V. Wilcox
3228 Ivanhoe
HI 2895

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 *Harry J. Schenckler*
Licensed Embalmer No. *2679*
P. O. Address *7814 S Broadway*

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.