S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 22 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22553

Registrar's No. 6355

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4233a Gannett
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4233a Gannett
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louis J. Pahl

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. 489-10-2001

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Rose

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 28th, 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	10	4	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation molder

11. Industry or business

FATHER
12. Name Julius Pahl
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Borchers
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Robert Pahl
(b) Address 6230 S. Kingshighway, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Wacker-Hellerte Undertaking Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) JUL 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1947 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from 5-1-47, 1947, to 6-2-47, 1947, that I last saw him alive on 5-29-47, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	1 yr.
Due to	
Due to	
Other conditions: Chronic myocarditis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 Otey L. Jones (M. D. or other) MD

Address 3616 S. Broadway Date signed 6-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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 Frank J. Hand

Licensed Embalmer No. 9645

P. O. Address St Louis 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.