S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 22 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3070

State File No. 43744

Registrar's No. 2599

1. PLACE OF DEATH:
(a) County: ST LOUIS
(b) City or town: WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 236 BAKER AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: —
In this community: 41 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ST LOUIS 96
(c) City or town: WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")
(d) Street No.: 236 BAKER AVE. 4
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No): —
If yes, name country:

3. (a) PRINT FULL NAME: ROBERT HERMAN PASCHEN
3. (b) If veteran, name war: No
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: HILDA ELVIRA PASCHEN
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: SEPTEMBER 8 — 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	3	6	— hr. — min.

9. Birthplace: ST JOSEPH (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: CONTRACTOR
11. Industry or business: BUILDING
MOTHER FATHER
12. Name: FREDERICK L. PASCHEN
13. Birthplace: PASCHENDAHL (City, town, or county) GERMANY (State or foreign country)
14. Maiden name: SOPHIA LARSEN
15. Birthplace: UNKNOWN (City, town, or county) DENMARK (State or foreign country)
16. (a) Informant: ROBERT H. PASCHEN
(b) Address: 598 VIRGINIA AVE. W.G.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC. 17-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: OAKHILL CEM.
18. (a) Signature of funeral director: Parker Funeral Co
(b) Address: WEBSTER GROVES, MO.
19. (a) 12-17-47 (Date received local registrar) (b) Cecil C. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 14 year: 1947 hour: 9 minute: 20 P.M.
21. I hereby certify that I attended the deceased from: Nov-2- 1947 to Dec-14 1947 that I last saw him alive on: Dec-14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Lobar Left Lower	
Heart Disease	2 years
Primary Cerebrovascular	
Due to: 940	
Due to: 0	
Other conditions (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: 0
23. Signature: (M. D. or other)
Address: 3127 S. Grand St. Louis Mo. Date signed: 12-16-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.