No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37759

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 220

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16½ hours (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. 1304 South Third Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Tommy Ray Paasch
3. (b) If veteran, name war NIL
3. (c) Social Security No. NIL
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 9 (Day) 1948 (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	3	24	hr. min.

9. Birthplace Owensville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Chester A. Paasch
13. Birthplace Owensville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ethel Lucille Lynch
15. Birthplace Jonesburg (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Chester Paasch
(b) Address 1304 S. 3rd-St.Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 5-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery St. Charles, Mo.
18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.
(b) Address 800 N. 2nd-St.Charles, Mo.
19. (a) 11-9-48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature) 994

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1948 hour 10:30 minute A. M.
21. I hereby certify that I attended the deceased from 10/2/48, 19, to 10/3/, 1948
that I last saw him alive on 10/3/, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diarrhea & enteritis	2 wks
Due to	
Due to: acute Bronchitis	1 wk
severe mal nutrition	4 months
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
Signature R. J. Bridle (M. D. or other)
Address 126 S. Main St St Charles Mo Date signed 11/4/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
NOV 19 1948
Date Filed

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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address.....

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.