

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6542**  
Registrar's No. **1147**

BIRTH NO. **49-004803** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>15 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		17 9
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1520A HOGAN STR</b>			d. STREET ADDRESS (If rural, give location) <b>1520A. HOGAN STR.</b>		
3. NAME OF DECEASED (Type or Print)	a. (First) <b>BRUCE</b>	b. (Middle) <b>ALLEN</b>	c. (Last) <b>PASCHALL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 4 1949</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JAN 15 1949</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>—</b>
IF UNDER 1 YEAR Days <b>20</b>	IF UNDER 1 YEAR Hours <b>—</b>	IF UNDER 1 YEAR Min. <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO</b>	12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>SYLVESTER PASCHALL</b>		13b. MOTHER'S MAIDEN NAME <b>PIETRIN DEI-SANTE</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sylvester Paschall 1520A Hogan Str.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Bronchial Pneumonia Primary</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None</b> DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2-2</b> , 19 <b>49</b> , to <b>2-4</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>2-4</b> , 19 <b>49</b> , and that death occurred at <b>4:30 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Geo. P. Beriman M.D.</b>			23b. ADDRESS <b>1225-10. grand</b>		23c. DATE SIGNED <b>2-5-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 7-49.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>		
DATE REC'D BY LOCAL REG. <b>FEB 7 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Farley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Brockland Und. Co</b>		ADDRESS <b>1827 HOGAN STR.</b>

**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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed G. W. Wilkman

Licensed Embalmer No. 3575

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.