

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35486
State File No. 9179

LED NOV 2 1951

1003

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary		c. STREET ADDRESS (If rural, give location) 5800 Arsenal St.	

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Frank c. (Last) Pasco		4. DATE OF DEATH (Month Day Year) 10-13-1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 24, 1861.
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ml	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Czecho-Slovakia	
12. CITIZEN OF WHAT COUNTRY?		6	

13a. FATHER'S NAME Paul Pasco	13b. MOTHER'S MAIDEN NAME Helen	14. NAME OF HUSBAND OR WIFE Elizabeth Slovinsky
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records
		ADDRESS 5800 Arsenal St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Heart disease			
DUE TO (c) emphysema, myocardial insufficiency		DUE TO (a) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H200

22. I hereby certify that I attended the deceased from 3-19-46 to 10-13-51, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Powell M.D.	23b. ADDRESS 5800 Arsenal St.	23c. DATE SIGNED 10-13-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-18-51	24c. NAME OF CEMETERY OR CREMATORY CALVARY
24d. LOCATION (City, town, or county) St. Louis	24e. FUNERAL DIRECTOR'S SIGNATURE Cullen - Kelly 4386 Lindell	
DATE REC'D BY LOCAL REG. OCT 17 1951	REGISTRAR'S SIGNATURE Earl Smith	ADDRESS

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.....

Students of Mortuary College

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammer*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.