

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 4 1957

State File No. **29870**
Registrar's No. **7209**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN GRANITE CITY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 DAYS		e. STREET ADDRESS (If rural, give location) 32 RR #1 Box 642	
d. FULL NAME OF HOSPITAL OR INSTITUTION. JEWISH HOSPITAL			

3. NAME OF DECEASED (Type or Print) KATHRYN E. PASCHEDAG			4. DATE OF DEATH (Month) (Day) (Year) AUG. 1 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-2-1902	9. AGE (In years last birthday) 55	10. MONTHS 0 11. DAYS 0 12. HOURS 0 13. MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) NAMEOKI, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME ISAAC BRADEN	13b. MOTHER'S MAIDEN NAME LENA WALKER	14. NAME OF HUSBAND OR WIFE ELROY PASCHEDAG SR.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Elroy Paschedag	18. ADDRESS RR 1 Granite City
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease 30 years		
	DUE TO (c) 443-X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-16, 1956**, to **8-1, 1957**, that I last saw the deceased alive on **8-1, 1957**, and that death occurred at **1:20 P.M.**, from the causes and on the date stated above. I

23a. SIGNATURE (Degree or title) Karl D. Silversmith, M.D.	23b. ADDRESS 100 N. Euclid. St. Louis Mo	23c. DATE SIGNED 8-2-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 8-1-1957	24c. NAME OF CEMETERY OR CREMATORY ST. JOHNS	24d. LOCATION (City, town, or county) (State) GRANITE CITY, ILLINOIS
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DATE REC'D BY LOCAL REG. AUG 2 57	REGISTRAR'S SIGNATURE [Signature]	5. FEDERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Granite City, Ill
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles E. Merriam*

Licensed Embalmer No. *298*

P. O. Address *Granite*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.