Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042868
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2899

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch, Missouri — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Robert Koch Hosp. — Length of stay in 1b 10-1/2 mos

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 5801 a Cates Ave. — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First GEORGE Middle WILLIAM Last PAASCH JR.

4. DATE OF DEATH Month Nov. Day 8 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED X WIDOWED DIVORCED
8. DATE OF BIRTH 12-16-00
9. AGE (In years last birthday) 57
IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Boy in cafeteria
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George A. Paasch
14. MOTHER'S MAIDEN NAME Agusta Bange

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 488-01-2176
17. INFORMANT Address Koch Hospital records, Koch, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 602X
19. WAS AUTOPSY PERFORMED? YES X NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-17-57 to 11-8-58 and last saw her/him alive on 11-8-58
Death occurred at 10:05 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard Friedman M.D. (Degree or title)
22b. ADDRESS Robt. Koch Hospital, Koch
22c. DATE SIGNED 11-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE Nov. 11, 1958
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory Mo.
23d. LOCATION (City, town, or county) (State) St Louis County, Missouri

24. FUNERAL DIRECTOR Ambruster Mortuary ADDRESS 6633 Clayton Rd.
25. DATE RECD. BY LOCAL REG. 11-10-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.