

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042331

FILED VS DEC 7 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 9918**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | Length of stay in 1b 4 wks 4 days | c. CITY OR TOWN Ellisville | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp. | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Flesher Drive | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Robert H. Pahmeier | | | 4. DATE OF DEATH Month Day Year 10/27/59 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/22/1892 | 9. AGE (last birthday) 67 | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Cashier | 10b. KIND OF BUSINESS OR INDUSTRY Chamois Bank | 11. BIRTHPLACE (City and state or country) Marthasville, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Wm. F. Pahmeier | 13b. MOTHER'S MAIDEN NAME Anetta Lagemann | 14. NAME OF HUSBAND OR WIFE Marie C. Pahmeier | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW#1 | 16. SOCIAL SECURITY NO. 497-05-0095 | 17. INFORMANT Address Marie Pahmeier, Ellisville, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Cerebral embolism | | 4 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Generalized arteriosclerotic vascular disease | ? |
| | DUE TO (c) 332x | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 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 | | |

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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 9-25-59 , to 10-27-59 and last saw her/him alive on 10-27-59 Death occurred at 1:05 p. m on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE <i>J. J. Schrader</i> (Degree or title) | 22b. ADDRESS M.D. 634 N. Grand Blvd. | 22c. DATE SIGNED 10/29/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/30/59 | 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery, |
| | | 23d. LOCATION (City, town, or county) (State) Kirkwood, Mo. |

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| 24. FUNERAL DIRECTOR Schrader Funeral Home, Ballwin, Mo. | 25. DATE RECD. BY LOCAL REG. OCT 29 1959 | 26. REGISTRAR'S SIGNATURE <i>Walter Smith, M.D.</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Richard M. Boy

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.