

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-047350

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3665 STATE FILE NUMBER

**FILED JAN 9 1962**

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester Length of stay in lb 1 Yr.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester N. Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY St. Louis  
 c. CITY OR TOWN Brentwood Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 2515 Annalee Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First OLIVE Middle A Last PASCHANG 4. DATE OF DEATH Month December Day 22 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6-16-85 9. AGE (last birthday) 76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own home 11. BIRTHPLACE (City and state or country) Millwood, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME H B Wommack MD 13b. MOTHER'S MAIDEN NAME Elsie Dyer 14. NAME OF HUSBAND OR WIFE Frank H Paschang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT Frank H Paschang, Address above

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Uremia INTERVAL BETWEEN ONSET AND DEATH 3 days  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Pyelonephritis Don't know  
 DUE TO (c) Acute Pyelonephritis Don't know

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sevility, Arteriosclerosis, left Ventricular Failure

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

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 Oct. 28, 1960 to Dec. 22, 1960 and last saw God him alive on Dec. 22, 1961  
 Death occurred at 12:01 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Ralph W. Laffey, P.O. 22b. ADDRESS 1016 Meln. Rd. Box 122 Manchester, Mo. 22c. DATE SIGNED 12-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-26-61 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR JAY B SMITH, MAPLEWOOD, MO. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 12-24-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

Paschang

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 J.P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.