

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

40665

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 22 1931

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
Township St. Ann Primary Registration District No. 6248 F  
City St. Louis (No. 1123) St. 1123 Ward

File No. \_\_\_\_\_  
Registered No. 394  
St. \_\_\_\_\_ Ward

**2. FULL NAME**

Vincent Paschall  
(a) Residence, No. 4664 Kennerly St. Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 25 yrs. 11 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 3, 1905</u>		
7. AGE YEARS <u>25</u>	MONTHS <u>1</u>	DAY <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Butter-Cutter</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Mo</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>Bruce Paschall</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Agnes Bailey</u>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ill</u> (STATE OR COUNTRY)		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
12/12, 1930 to \_\_\_\_\_  
12-1, 1930  
that I last saw him alive on Oct 3rd, 1930, and that death occurred, on the date stated above, at 11:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
23A  
(duration) 2 yrs. 1 mos. 28 ds.

CONTRIBUTORY (SECONDARY) Tuberculous Laryngitis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
31

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Chas W. Ehlers, M. D.  
12/1, 1930 (Address) 1519 Mt. St. Rose

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT <u>Mrs. May Lester</u> (Address) <u>2232 Calvert</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. Peter Paul</u>	DATE OF BURIAL <u>Dec 4 1930</u>
15. FILED <u>Dec 30</u> <u>L. C. Obrock</u> REGISTRAR	20. UNDERTAKER <u>H. Franke</u>	ADDRESS <u>1519 Russell</u>

