

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

Do not use this space.

3117

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1193
Township Carondelet Primary Registration District No. 6248 E
City (No. 9131 So Broadway) St. 15 Ward)

2. FULL NAME Robert Paschall

(a) Residence, No. 9131 So Broadway St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W. white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

0 0 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

FATHER 13. NAME Robert Paschall

14. BIRTHPLACE (CITY OR TOWN) Genesee
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Myrtle White

16. BIRTHPLACE (CITY OR TOWN) Washington Co Mo
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Robert Paschall
9131 So Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Catholic DATE 1-14

19. UNDERTAKER (ADDRESS) C. H. Pfeiffer
710 So Broadway

20. FILED 1-12 1933 L. C. Chroston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

History: Premature about 7 months
Child only lived about 28 hrs
159 154

Other contributory causes of importance: _____

This child born at 5 am Jan 12, 1933
died Jan 13, 1933 at 9:45 delivered by a
midwife - Mrs. Nellie Dinker -

Name of operation 76 Vermont Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Lula O. Timmon, M. D.

(Address) 3718 Jennings Rd

1/13/33

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.

WHILE EXAMINING WITH IMPENDING INK—THIS IS A PERMANENT RECORD

