

REC'D JUL 12 1938

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

20380

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
 (b) Township St. Louis Primary Registration District No. 1003
 (c) City Mo. (d) Street No. 2900 & No Euclid Registered No. 5519
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Louis Pasnansky 255
 (a) Residence, No. 2900 & No Euclid Ave. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-28-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 0 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Druggist
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Poland

FATHER 13. NAME Louis Pasnansky

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

MOTHER 15. MAIDEN NAME Nettie Pasnansky

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT (ADDRESS) Rose Pasnansky
2900 & No Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisville Ky. DATE 6-19-38

19. FUNERAL DIRECTOR (ADDRESS) Sullivan
2849 No Euclid

20. FILED JUN 18 1938 J. D. Gredek
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15th 1938 to June 17th 1938
 I last saw him alive on June 14th 1938 Death is said to have occurred on the date stated above, at 9:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Diabetes Mellitus
Diabetic Gangrene.

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? Blood Urea Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... 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) Oscar Adolph Grote, M. D.
 (Address) 2900 & Euclid Ave.

STATEMENT BY LICENSED EMBALMER

I, Albert Mansfield, Licensed Embalmer No. 3077
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Mansfield

L. E. _____
No. _____ or by _____, Registered Apprentice No. ✓

working under my personal supervision.

Signed Albert Mansfield
Licensed Embalmer No. 3077

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.)