

REC'D APR 12 1939

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

8671  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis, Mo. (d) Street No. 1509 Cass Ave. St. ....  
(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.

Registered No. **2436**

2. PRINT FULL NAME

(a) Residence, No. 1509 Cass Ave. St. 24 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-30 1875

7. AGE YEARS 63 MONTHS 3 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN)..... Poland (STATE OR COUNTRY) 7

FATHER 13. NAME Adam Pardo 7

14. BIRTHPLACE (CITY OR TOWN)..... Poland (STATE OR COUNTRY) 7

MOTHER 15. MAIDEN NAME Anna (unknown) 7

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

17. INFORMANT (ADDRESS) Wife) Josephine Pardo 1509 Cass Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 3/15/39 19

19. FUNERAL DIRECTOR (NAME) Central Und. Co. (ADDRESS) 1841 Cass Ave.

20. FILED J. B. Prudek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1939

22. I HEREBY CERTIFY, That I attended deceased from March 6 1939, to March 11 1939  
I last saw h. in alive on March 6 1939 Death is said to have occurred on the date stated above, at 7:30 A.M.  
The principal cause of death and related causes of importance were as follows:

arterio sclerosis (cardiac) Date of onset not known

Other contributory causes of importance: AM  
Name of operation ..... 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? ..... 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) George D. Mueller, M. D.  
(Address) 1502 St. Louis

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.

MAR 14 1939

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Robert W. Kayser*

Licensed Embalmer No. *1861*

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**