

APR 3 - 1939

APR 7 1938

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

12229  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. 784  
(b) Township Clayton Primary Registration District No. 01 Registered No. 602  
(c) City Clayton (d) Street No. St. Louis County Hospital 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.  
2. PRINT FULL NAME William Pace  
(a) Residence, No. 140 New Halls Ferry Rd. Florissant, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Pace  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 10 15  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. yardman  
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) Kentucky  
FATHER 13. NAME George Pace  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.  
MOTHER 15. MAIDEN NAME Sarah Short  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
17. INFORMANT friend, Lester Rosenkoetter. (ADDRESS) 140 New Halls Ferry Rd.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack Cem DATE April 3 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) HEDRICH F. NOME  
1419 HALLS FERRY RD  
St. Louis, Mo.  
20. FILED APR 3 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1-39  
22. I HEREBY CERTIFY, That I attended deceased from 3-22-39 to 4-1-39  
I last saw him alive on 4-1-39 19. 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:  
Anemia  
Other contributory causes of importance:  
Arteriosclerosis  
Hypertrophy of Prostate  
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  
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) M. L. Bartwick M. D.  
(Address) St. Louis Co. Hosp

Date of onset  
3/29/39  
?  
?

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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**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 Arthur R. Dierich

Licensed Embalmer No. 3556

P. O. Address St. Louis, Mo.

**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.**