

MAY 13 1940

State File No. \_\_\_\_\_

Registration District No. 421

Primary Registration District No. 5575

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jefferson  
 (b) City or town Herculaneum  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 3 1/2 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
 (c) City or town Herculaneum Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Stephne Francis Pashia

3. (b) If veteran, name war NO 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mary Rose Pashia (Boursaw) 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased Dec., 23, 1878  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 3 9 hr. \_\_\_\_\_ min.

9. Birthplace Old Mines Mo. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Lead Worker

11. Industry or business Lead Smelter

12. Name Frank Pashia

13. Birthplace Old Mines Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Lolina Boyer

15. Birthplace Old Mines Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Francis J. Pashia

(b) Address Herculaneum Mo.

17. (a) Burial (b) Date thereof 4/4/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum Mo

18. (a) Signature of funeral director Quester & Vinyard

(b) Address Festus Mo.

19. (a) 4/5/40 (b) J. E. Rutledge  
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1st  
 year 1940 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Apr 5,  
 1940, to Apr 1, 1940,  
 that I last saw him alive on 6:30 PM 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver  
Cardiac Distention with  
failure

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Includes pregnancy within 3 months of death)

Major findings:  
 Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_ (Specify type of place)

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Francis J. Pashia (M.D. or other)  
 Address Herculaneum, Mo. Date signed 4/3/40

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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.

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

Licensed Embalmer No. 3010

P. O. Address Festus MD

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.