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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8629  
State File No. \_\_\_\_\_  
2039  
Registrar's No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 No. 9 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULLNAME David Pascalis

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife not known (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 24 1887  
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Trucking Co.

12. Name Jacob Pascalis

13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Monteton Jr

(b) Address 2729 So. 59

17. (a) Burial (b) Date thereof Feb. 4 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director J. Schumacher

(b) Address 3013 Norameo

19. (a) MAR 4 1941 (b) J. Bredech  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 12/7  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4948 McPherson 9  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 30 Years 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2,  
year 1941 hour 11:10 minute A. M.

21. I hereby certify that I attended the deceased from January 24, 1941 to March 2, 1941;  
that I last saw him alive on March 2, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Asphyxiation by gas  
D. Auto Ingested  
Due to Auto exhaust

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) W

Major findings:  
Of operations See above  
Of autopsy See above

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

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? \_\_\_\_\_

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

23. Signature J. O. Jones (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date signed 3/31/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....

*Clarence Kochow*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Clarence Kochow*

Licensed Embalmer No. ....

*3093*

P. O. Address.....

*3018 W. ...*

**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, fact should be so stated above.**