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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38584

Registration District No. 421 Primary Registration District No. 5573 Registrar's No. 76

1. PLACE OF DEATH:
(a) County Jefferson Joachim Twp
(b) City or town Festus (Rural)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jefferson
(c) City or town Festus (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? U (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Patrick Pashia
3. (b) If veteran, name war no.
3. (c) Social Security No.
4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Pashia (Horn)
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June (Month) 30 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
53	4	3	hr. min.

9. Birthplace Potosi (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Frank Pashia
13. Birthplace Unknown (City, town, or county) U (State or foreign country)
MOTHER 14. Maiden name Leona Boyer
15. Birthplace Unknown (City, town, or county) U (State or foreign country)
16. (a) Informant Mrs Patrick Pashia
(b) Address Festus R.F.D. #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Festus Catholic Cemetery
18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.
19. (a) 11/3/41 (Date received local registrar) (b) J. E. Cutledge (Registrar's signature)
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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1941 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 26, 1941 to Oct. 27, 1941 that I last saw h alive on Oct 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency
Chronic myocarditis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury U
23. Signature B. Bolgar (M. D. or other)
Address Festus, Mo. Date signed 11/3/41

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 23 1941

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 H. L. Vinyard

Licensed Embalmer No. 3010

P. O. Address Festus Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.