

FILED JAN 14 1943 8

1003

Registration District No.

Primary Registration District No.

Registrar's No. 34

1. PLACE OF DEATH:

(a) County...
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4239 Shenandoah
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town S.T. LOUIS 17
(If outside city or town limits, write "RURAL") 7 17
(d) Street No. 4239 SHENANDOAH AVE
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MRS. MATILDA PAHLIG

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED

6. (b) Name of husband or wife AUGUST PAHLIG 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased FEBRUARY 4, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 28 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business.....

MOTHER FATHER { 12. Name CARL KNEBAT

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

14. Maiden name DOIT KNOW

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

16. (a) Informant Antonina M. Toon

(b) Address 4239 Shenandoah Ave

17. (a) Burial (b) Date thereof 1/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wm. B. Brown

(b) Address 2201 S. Grand Bl.

19. (a) JAN 14 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2
year 1943 hour 6 minute 9 P. M.

21. I hereby certify that I attended the deceased from February 20 1943 to Jan. 2 1943
that I last saw her alive on Jan. 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Arterio-sclerosis

Due to Softening of Brain

Other conditions (Include pregnancy within 3 months of death) ga

Major findings: Of operations.....

Of autopsy.....

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) Manner of injury.....

23. Signature Clara M. Matthews M.D. or other.....

Address 3102 Shenandoah Date signed 1/3/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3103 Stewart Road

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

Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Buchananville

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.