S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13189

FILED MAY 15 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4066

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:
Lutheran Hospital O
(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 50
(c) City or town Kimmswick O
(If outside city or town limits, write "RURAL")
(d) Street No. Kimmswick O N.R.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elsie M. Paschek

3. (b) If veteran, name war No

3. (c) Social Security No. ------

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dr. Frank Paschek

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September (Month) 9 (Day) 1895 (Year)

8. AGE: Years 48 Months 7 Days ~~23~~ 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Hampel
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dora Bangert
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Dr. Frank Paschek
(b) Address Kimmswick, Mo.

17. (a) Crematory (Burial, cremation, or removal) (b) Date thereof 5/2/44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director [signature]
(b) Address 1926 Allen Ave.

19. (a) MAY 2 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 44 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from Sept, 1944, to April 28, 1944
that I last saw her alive on April 28, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gen carcinomatosis of abdomen	1 mo
Due to: Carcinoma of at ovary	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of at ovary 1 mo ago with metastases
Of autopsy Gen carcinomatosis of abdomen

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

23. Signature [signature] (M. D. or other)
Address [illegible] Date signed 5/1/44

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Wm. L. Maydell

Licensed Embalmer No. 1467

P. O. Address 1924 Allen

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.