

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35713**  
Registrar's No. **10574**

**FILED** DEC 31 1945

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Johns Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 15 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5157 Cates Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK H. PASHEA

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Musette (nee Marshall)

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased March 13, 1900  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26  
year 1945 hour 3 minute 45 PM M.

21. I hereby certify that I attended the deceased from 9-25 1945 to 12-4 1945  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>8</u>	<u>21</u>	_____ hr. _____ min.

Immediate cause of death Bronchogenic Carcinoma (A) & general metastases. Duration 8 mos.

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

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

Other conditions none  
(Include pregnancy within 3 months of death)

9. Birthplace Hillsboro, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Public Service Company

MOTHER FATHER { 12. Name Thomas B. Pashea

13. Birthplace Tiff Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Dora Pettigrew

15. Birthplace Marshfield Missouri 0  
(City, town, or county) (State or foreign country)

Major findings: Being exploration of st. thorax, impossible.

Of operations \_\_\_\_\_

Of autopsy none

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

16. (a) Informant Frank H. Pashea

(b) Address 5157 Cates Avenue

17. (a) Burial (b) Date thereof 12/6/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math. Hermann & son

(b) DEC 5 1945 2161 East Fair Avenue

19. (a) \_\_\_\_\_ (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) none

(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 John J. Hammond (M. D. or other) 0  
Address 634 N. Grand Date signed 12/4/45

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**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

*William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address. *St. Louis Mo*

**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. .**