

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15517**
Registrar's No. **4039**

FILED **APR 25 1947**
#41814
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(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 _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4227 Eichelberger**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17th**
year **1947** hour **2:25** minute **A** M.
21. I hereby certify that I attended the deceased from **4/7/47**
to **April 17th**, 19 **47**
that I last saw h. **im** alive on **April 17th**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Tuberculosis
Due to _____
Due to _____
Other conditions: **Primary optic atrophy**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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) _____
(e) Means of injury _____
23. Signature **Quercy** **1515 Lafayette** **4/17/47** (other) **U.D.**
Address _____ Date signed _____

3. (a) PRINT FULL NAME **FRED PASCHEDAG**

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

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

6. (b) Name of husband or wife **Manie** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **October 2nd, 1878**
(Month) (Day) (Year)

8. AGE: Years **68** Months **6** Days **15**
If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis - Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business **Carter Carb. Co.**

12. Name **Fred Paschedag**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Manie Paschedag**

(b) Address **4227 Eichelberger, St. Louis, Mo.**

17. (a) **burial** (b) Date thereof **Apr. 19, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Hacker-Helderk H. & L. Co.**

(b) Address **3634 Gravois, St. Louis, Mo.**

19. (a) **APR 18 1947** (b) _____
(Date received local registrar) (Registrar's signature)

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank J. [Signature]

Licensed Embalmer No.....

2675

P. O. Address.....

[Signature]

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.