

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21520

State File No. 4809
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis,				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis,				Missouri 000									
c. LENGTH OF STAY (in this place) 2/15/46-5/30/49				d. STREET ADDRESS (If rural, give location) 21 3004 Pine St.													
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmery Hosp.																	
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)					
Sylvester.			Pascal.									5-30-1949					
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9		8. DATE OF BIRTH June 18, 1905		9. AGE (in years last birthday) 44		IF UNDER 1 YEAR Months 12 Days 9		IF UNDER 18 HRS. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				10b. KIND OF BUSINESS OR INDUSTRY -				11. BIRTHPLACE (State or foreign country) Illinois				12. CITIZEN OF WHAT COUNTRY? 1					
13a. FATHER'S NAME Felix T. Seal				13b. MOTHER'S MAIDEN NAME Mary Brooks				14. NAME OF HUSBAND OR WIFE -									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Gertrude Pierce				ADDRESS 6311 Wagon					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial Endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Finestrated Aortic Valve DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 6 months life?					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 4300									
22. I hereby certify that I attended the deceased from July 7, 1948 , to 5-30-49, 1949 , that I last saw the deceased alive on 5-30-49 , 1949 and that death occurred at 4:00 a. m. , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) Charles L. Kroy, M.D.						23b. ADDRESS 5600 Arsenal St. St. Louis						23c. DATE SIGNED 5/31/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 4/2/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.				24d. LOCATION (City, town, or county) (State) St. Louis, Mo							
DATE REC'D BY LOCAL REG. 5/31/49				REGISTRAR'S SIGNATURE J. B. Baseler				25. FUNERAL DIRECTOR'S SIGNATURE R.M.C. Green				ADDRESS 3817 Loclede					

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

Wm

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Melvin E. Green

Signed _____
Student Embalmer

Licensed Embalmer No. *4428*

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.