

FILED FEB 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6034

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3064		Registrar's No. 427			
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FERGUSON		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FERGUSON		419			
d. FULL NAME OF HOSPITAL OR INSTITUTION R. 10 BOX 644.				d. STREET ADDRESS (If rural, give location) RT. 10 BOX 644					
3. NAME OF DECEASED (Type or Print) BRUCE WILLIAM PASCHALL			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH FEB. 14 1951			(Month) (Day) (Year)			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 20, 1870			
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) KASKASKIA, ILLINOIS			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME EDWARD PASCHALL			13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE MARY PASCHALL			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE			
17. INFORMANT'S SIGNATURE OR NAME MARY PASCHALL, FERGUSON, MO.			ADDRESS						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia				ANTECEDENT CAUSES				14 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) Hemiplegia					
				DUE TO (c) Severe Cor Myocard.					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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)		4222			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Dec 3, 1950, to 7/14, 1951, that I last saw the deceased alive on 7/3, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.									
23a. SIGNATURE R. Q. Hughes M.D.				23b. ADDRESS Ferguson Mo				23c. DATE SIGNED 7/5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 17, 1951		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.			
DATE REC'D BY LOCAL REG. 2-15-51		REGISTRAR'S SIGNATURE Herbert R. Donke MD			25. FUNERAL DIRECTOR'S SIGNATURE WITH BRO. L & CO. 2929 Jefferson				
RWR (Licensed Embalmer's Statement on Reverse Side)									

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

4009

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.....
Student Embalmer

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 Jefferson

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.