

FILED DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43711**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11274**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) Rural Route #2 1	
3. NAME OF DECEASED a. (First) Ernst (Type or Print)			b. (Middle) Pashia c. (Last) Pashia
4. DATE OF DEATH (Month) (Day) (Year) 12-4-52		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May 2, 1904		9. AGE (In years last birthday) Months Days Hours Mins. 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) glass worker		10b. KIND OF BUSINESS OR INDUSTRY glass	
11. BIRTHPLACE (City and State or Foreign Country) Washington Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Pashia		13b. MOTHER'S MAIDEN NAME Mary Teahbeau	
14. NAME OF HUSBAND OR WIFE Eva Pashia		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. unknown		17. INFORMANT'S SIGNATURE OR NAME Jerry Pashia, Crystal City	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH Sudden ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Sclerosis DUE TO (c) Cardiac Decompensation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 4201		22. I hereby certify that I attended the deceased from Nov. 18, 1952 , to 4 Dec, 1952 , that I last saw the deceased alive on 3 Dec, 1952 , and that death occurred at 8 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE Re Scott, M.D. (Degree or title)		23b. ADDRESS 407 No. Kings Highway	
23c. DATE SIGNED 12/6/52		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 12-5-52		24c. NAME OF CEMETERY OR CREMATORY Crystal City, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Politte F.H., Crystal City, Mo	
DATE REC'D BY LOCAL REG. DEC 8 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. <small>(Licensed Embalmer's Statement on Reverse Side)</small>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ronald E. Yohube
Licensed Embalmer No. *3917*

P. O. Address _____

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.