

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2921

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **128**

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 town) St. Louis		c. LENGTH OF STAY (in this place) 71 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5700 Tholozan Avenue		e. STREET ADDRESS (If rural, give location) 14 5700 Tholozan Avenue 21490	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) J.	
c. (Last) PAGLUSCH		4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1, 1884
9. AGE (In years last birthday) 71 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Paglusch		13b. MOTHER'S MAIDEN NAME Charlotte Brockstruck	
14. NAME OF HUSBAND OR WIFE Mrs. Amanda Niemeier Paglusch		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 489-05-9225		17. INFORMANT'S SIGNATURE OR NAME Mrs. Amanda Paglusch, 5700 Tholozan Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Chronic Asthma, Chronic		1 yr.	
DUE TO (c) Nephritis and Chronic		1 yr.	
II. OTHER SIGNIFICANT CONDITIONS		Arteriosclerosis	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none	
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)		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. 14, 1955 to Jan. 3, 1956 , that I last saw the deceased alive on Jan. 2, 1956 , and that death occurred at 11 P m., from the causes and on the date stated above.	
23a. SIGNATURE W. H. Walters M.D. (Degree or title)		23b. ADDRESS 3608 So. Grand	
23c. DATE SIGNED 1/4/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1-7-56		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.	
DATE REC'D BY LOCAL REG. JAN 5 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

m. y. b. (Licensed Embalmer's Statement on Reverse Side)

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

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 _____
Signature of Student Embalmer

Signed Delis J. Krupina

Licensed Embalmer No. 34

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.