SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019334

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4928

AMENDED

FILED JUN 8 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Length of stay in 1b 2 DAYS

c. CITY OR TOWN SHREWSBURY - MO. — Inside Limits Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS-HOSPITAL — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) #6 - ST. CHARLES - PL. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: MARIE - ELIZABETH - PASCHAL

4. DATE OF DEATH Month Day Year: MAY - 23 - 1961

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-8-1906

9. AGE (last birthday): 54 YRS. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (City and state or country): ST. LOUIS - MO.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: GEORGE-HENRY-BROCKLAND

13b. MOTHER'S MAIDEN NAME: MARGARET-MEIEROTTO

14. NAME OF HUSBAND OR WIFE: LEON-J. PASCHAL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.

17. INFORMANT Address: LEON-J. PASCHAL = #6. ST. CHARLES-PLACE SHREWSBURY-MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Thrombosis of the right internal carotid artery — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardio Vascular Disease — 2 days

DUE TO (c) 422.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Mitral Stenosis — Onset undetermined

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: --- ----

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ----

20f. CITY, TOWN, OR LOCATION COUNTY STATE: ----

21. I attended the deceased from 1939, to 5-23-61 and last saw her alive on 5-23-61

Death occurred at 6:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. A. Goodwin, M. D.

22b. ADDRESS: 19 E. Lockwood Ave., Webster Groves 19, Mo.

22c. DATE SIGNED: 5-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: MAY-26-1961

23c. NAME OF CEMETERY OR CREMATORY: CALVARY - CEMETERY

23d. LOCATION (City, town, or county) (State): ST. LOUIS MO.

24. FUNERAL DIRECTOR ADDRESS: Brockland Und. Co. 1827-HOGAN-ST.

25. DATE RECD. BY LOCAL REG.: MAY 25 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M. D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 _____ Signed Stanley H. Dixon

Signature of Student Embalmer

Licensed Embalmer No. 4193

P. O. Address St. L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.