

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33798
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **8784**
 (c) City **St. Louis Mo.** (d) Street No. **Deaconess Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **2644 Nebraska Ave.** St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 15 1886**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 3 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Day Laborer**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Adam Pfingst**
 14. BIRTHPLACE (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Bertha Probst**
 16. BIRTHPLACE (CITY OR TOWN) **Germany**
 (STATE OR COUNTRY)

17. INFORMANT **Amelia Probst**
 (ADDRESS) **2644 Nebraska Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Oct 10** 19 **38**

19. FUNERAL DIRECTOR (NAME) **Th. Probst**
 (ADDRESS) **2906 Gravois Ave.**

20. FILED **OCT 8 1938** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 6th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 6th**, 1938, to **October 6th**, 1938
 I last saw him alive on **October 6th**, 1938 Death is said to have occurred on the date stated above, at **12:30 m.p.**
 The principal cause of death and related causes of importance were as follows:

Embolism, left pulmonary artery. **11/10/38**
 Other contributory causes of importance: **this followed insertion of Metragal in treatment of Schizophræmia**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify
 (Signed) **James P. Madden**, M. D.
 (Address) **940 Missouri Bldg.**

By McFadden
2-5

McFadden

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,

THOS. KUTIS

, or by

Registered Apprentice No. _____, working under my personal supervision

Signed

Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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, above space should be left blank.