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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12628

APR 19 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3297

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County
(c) City or town ST. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3542 So. Broadway.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Christine Pintner
3. (b) If veteran, name war no.
3. (c) Social Security No. ---
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Pintner,
6. (c) Age of husband or wife if alive ab. 67 years
7. Birth date of deceased Unknown (Month) about (Day) 1877 (Year)
8. AGE: Years about 66 Months Unknown Days If less than one day hr. min.
9. Birthplace Czechoslovakia. (City, town, or county) (State or foreign country)
10. Usual occupation housewife.
11. Industry or business
FATHER
12. Name John Hradsky.
13. Birthplace Czechoslovakia. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant Pearl Pintner.
(b) Address 3542a So. Broadway.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker. Cem.
18. (a) Signature of funeral director Wm. E. Monsell
(b) Address 1926 Allen Ave.
19. (a) APR 7 1943 (Date received local registrar) (b) J. F. Bubeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5, year 1943 hour 3:55 minute P. M.
21. I hereby certify that I attended the deceased from March 27, 1943 to April 5, 1943 that I last saw her alive on April 5, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis with cavitation	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic cholecystitis with cholelithiasis	

Major findings:
Of operations
Of autopsy Above findings confirmed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury 0
23. Signature Geo. K. Leon (M. D. or other)
Address 2515 Lafayette Avenue, Date signed 4/5/43

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3746

P. O. Address 1926 Allen

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.