MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11714

File No. 3563

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 7011

City St. Louis Mo (No. 5800, Arsenal St. Hosp. Ward)

2. FULL NAME George Pinkwart.

(a) Residence. No. 5800 Arsenal St., Hosp. Ward 13
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	White	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 26, 1860

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
67	6	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Inmate.
(b) General nature of industry, business, or establishment in which employed (or employer) City Infirmary
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER George Pinkwart.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Tine Geiger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Marie Effinger
(Address) 5800 Arsenal St.

15. FILED Mar 30, 1928 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1928, to Mar 27, 1928, that I last saw h. alive on Mar 27, 1928, and that death occurred, on the date stated above, at 5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

80 Chr. Myocarditis
34 Tubes Morbus
920

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Senes & Senility

(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED no
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) H. G. Unger, M. D.

Mar 28, 1928 (Address) 5800 Arsenal St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Louis	1928

20. UNDERTAKER [illegible] ADDRESS 3600 Rutger

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.