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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29064

Township ..... Primary Registration District No. 1003 Registered No. 8571

City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME 7665 Martin Pulzel

(a) Residence. No. 2706 Sidney St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5 - 1879

7. AGE: Years 49 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER John Pulzel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Anna Link
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Information
(Address) E. Kirwan City Hospital

15. FILED AUG 24 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1928, to Aug 21, 1928 that I last saw [illegible] alive on Aug 21, 1928, and that death occurred on the date stated above, at 4 a.m.

96 THE CAUSE OF DEATH* WAS AS FOLLOWS:
93c
112 Ch. Myocarditis
(+ Probable aneurysm of aorta)
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Asthmatic Bronchitis non Tubercular (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. Berg, M. D
8/22, 1928 (Address) City Hospital

*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: S. S. Peter + Pauls
DATE OF BURIAL: 8/25 1928

20. UNDERTAKER: Wacker-Helderle
ADDRESS: 2331 S Bdway

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Culzel