

**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**

**3231**

**2000**

Township.....  
City **St Louis Mo**

Primary Registration District No. **1003**  
(No. **Jewish Hospital**)

File No. **127**  
Registered No. **127**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **Shepley**  
(Usual place of abode)

**Valentine (Pogul) Fragyl**  
**Shepley, 4th & Reservoir, Kansas St. Louis Co. Mo**

Length of residence in city or town where death occurred 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 **Esther Pogyl**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 18<sup>th</sup> 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**38 8 2**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. **Stationary Fireman**  
(b) General nature of industry, business, or establishment in which employed (or employer). **Mr Portland Cement Co**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) **Hungary**

10. NAME OF FATHER **Valentine Pogyl**

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

12. MAIDEN NAME OF MOTHER **Not Known**

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

14. INFORMANT **Mrs Esther Pogyl**  
(Address) **Shepley Drive Reservoir Garden**

15. FILED **Jan 22 1930** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 20 1930**

17. I HEREBY CERTIFY, That I attended deceased from **1-6**, 1930, to **Jan 20**, 1930 that I last saw him alive on **Jan 20**, 1930, and that death occurred, on the date stated above, at **11:50 p.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Pulmonary Edema Acute**  
**Brain Tumor - Glioma**  
**Non Malignant**  
(duration) **5** yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) **84**  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **1-20-30**

19. WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS **Autopsy**  
(Signed) **Louis L. Schrenk, M. D.**  
, 19 (Address) **Jewish 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 **Riedens** DATE OF BURIAL **Jan 23 1930**

20. UNDERTAKER **Math Hermann & Son 2161<sup>st</sup> Fair** ADDRESS

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.

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