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

Do not use this space.

7256

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2133

Township ..... Primary Registration District No. 1003 Registered No. 2133

City St. Louis (No. 2111a East Linton Ave St. ..... Ward)

2. FULL NAME Herman J. Pinckert

(a) Residence. No. 2111a E. Linton Ave St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 11, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	11	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Pressman
(b) General nature of industry, business, or establishment in which employed (or employer) St. Louis Label Works
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Rev. Carl Pinckert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Eluisa Pinckert
(Address) 2111a E. Linton Ave.

15. FILED ....., 19.. Max C. Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1930, to Feb. 25, 1930 that I last saw him alive on Feb. 25, 1930, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
Cerebral Hemorrhage
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Paranchamitis
Nephritis Chronic
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M.D.
Feb. 27, 1930 (Address) [illegible]

*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
Valhalla	Mar. 1 1930
20. UNDERTAKER	ADDRESS
Math. Hermann and Son	2161 E. Fair

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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