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

Do not use this space.

40580

File No. .....

Registered No. 66

1. PLACE OF DEATH

County St Louis Registration District No. 786

Township Central Primary Registration District No. 4469

City Maplewood (No. 7205 High St St. ..... Ward)

2. FULL NAME Rudolph Pfountz

(a) Residence. No. 7205 High St St., ... Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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.

Feb 22 1939

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Widower

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: late Rosalie Pfountz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 24, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	3	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Proprietor

(b) General nature of industry, business, or establishment in which employed (or employer): Grocery Store

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Charles Pfountz

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Charles Pfountz
(Address) 7205 High St

15. FILED 12/18, 1930 Mercedes Schuster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-18 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1930, to Dec 18, 1930 that I last saw him alive on Dec 17, 1930; and that death occurred, on the date stated above, at 5:05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

931)

Myocarditis (duration) yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) ..... (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) E.O. Breckenridge M. D.

12/18, 1930 (Address) Maplewood Mo

*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: St Peter & Paul Cem. — DATE OF BURIAL: 12-20 1930

20. UNDERTAKER: Bremshauser Co — ADDRESS 4228 S Kingshighway

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.