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

Do not use this space.

12566

File No. 3883

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 3147 Pestalozzi St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Henry Quint

(a) Residence. No. 3147 Pestalozzi St., 16 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.

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 Mary

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29-1894

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
36	3	28	

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

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

PARENTS

10. NAME OF FATHER Jacob Quint

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

12. MAIDEN NAME OF MOTHER Katharina Braun

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

14. INFORMANT Mary Quint
(Address) 3147 Pestalozzi St

15. FILED ..., 19.. Wm C. Stieren
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27-1931

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 26, 1931, that I last saw him alive on March 26, 1931, and that death occurred, on the date stated above, at 7.05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
Left Lung

INT. OF 100 (duration) yrs. mos. 10 ds.

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

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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) [illegible], M. D.

3/28, 1931 (Address) 933 Arcade Bldg

*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
S. S. Peter & Paul	3-31 1931
20. UNDERTAKER	ADDRESS
Hoff Bros Lt & Co	2929 So Jefferson

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.