

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

Do not use this space.

0
33198

1. PLACE OF DEATH

County..... Registration District No. 7221
Township..... Primary Registration District No. 3005
City St. Louis, (No. 4446a Minnesota Avenue), St. Ward)

File No.
Registered No. 10104

2. FULL NAME

Peter Prinster

(a) Residence, No. 4446a Minnesota Avenue St., 15 Ward.
(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. (If nonresident, give city or town and State)

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 Pauline Prinster.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1862.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 3 -- --

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Night-watchman. 1
sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, Merck & Co.
saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER 15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Paula Prinster
4446a Minnesota Avenue.

18. BURIAL, CREMATION, OR REMOVAL SS Peter & Paul Cem. DATE Oct. 1, 1931.

19. UNDERTAKER (ADDRESS) J. M. Becken & Co.
2842 Meramec St.

20. FILED SEP 30 1931 W. E. Starkey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1931.

22. I HEREBY CERTIFY, That I attended deceased from 9/24, 1931, to 9/29, 1931.
I last saw him alive on 9/28/31, 1931. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

General edema
& nephritis
Myocarditis

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Physicians Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W. E. Starkey, M. D.
(Address) 202 S. Broadway

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.

