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

Do not use this space.

42770

1. PLACE OF DEATH

County — Registration District No. 781 File No.

Township — Primary Registration District No. 1000 Registered No. 12691

City St. Louis (No. Deaconess Hospital St. Ward)

2. FULL NAME Agnes Pinkepank

(a) Residence. No. 76 N Gore St., 4 Ward. Webster Groves Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 8 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)
Female	White	married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Fred A. Pinkepank

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 - 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	3	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home 131 124
(b) General nature of industry, business, or establishment in which employed (or employer) — 93
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Cleveland
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER August Wendlandt
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) unknown

14. INFORMANT Fred A. Pinkepank
(Address) 76 N Gore ave.

15. FILED 26 1931 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 16 1931, to Dec 23, 1931 that I last saw her alive on Dec 22, 1931, and that death occurred, on the date stated above, at 10.45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Hepatitis abrom.
Nephritis Chronic
(duration) 2 yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Hypostatic Pneumonia
(duration) yrs. mos. 2 ds.

131

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab
(Signed) D C Kuhlmann M.D.
12-24, 1931 (Address) Webster Groves 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 Oak Hill — DATE OF BURIAL Dec 26 1931

20. UNDERTAKER Parker Und Co — ADDRESS Webster Groves

Dr. H. E. Kuhlmann

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.