

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

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.

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

Do not use this space.

18197

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 101B
City St. Louis, Mo (No. City Hosp.)

File No.
Registered No. 5175
St. Ward)

2. FULL NAME

William J. Pingleton
(a) Residence, No. 1509 St. Louis St. Ward. 26
(Usual place of abode)
Length of residence in city or town where death occurred 21 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Pingleton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
42 - 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 53
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) Kentucky

FATHER
13. NAME John Pingleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Sarah Denton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Florence Pingleton (ADDRESS) 1509 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter DATE May 30, 1932

19. UNDERTAKER Hay Tidner & Co. (ADDRESS) 417 N. Market

20. FILED MAY 27 1932 may 6 Stark Coff

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28th 1932
22. I HEREBY CERTIFY, That I attended deceased from May 8th 1932, to May 28th 1932.
I last saw h. in alive on May 28th 1932. Death is said to have occurred on the date stated above, at 2¹⁰ p. m.
The principal cause of death and related causes of importance were as follows:

Acute Pneumonia
1280/108
Other contributory causes of importance: Acute ulcer
Name of operation Post gastroenterostomy for above Date of 5-24-32
What test confirmed diagnosis? Operation 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 Jerome Johnson, M. D.
(Address) City Hospital #1
St. Louis Mo.

