

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.

20884

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4246**, **Norfolk**)

File No.
Registered No. **5372**
St. Ward)

2. FULL NAME

William J. Pumpf
(a) Residence, No. **4246 Norfolk** St., **18** Ward.
(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 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 Missie Pumpf		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1872		
7. AGE	YEARS 60	MONTHS 4
	DAYS 9	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 89	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sieff, Packing Co.	
	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) St. Louis Mo		
MOTHER FATHER	13. NAME John Pumpf	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10	
	15. MAIDEN NAME Mary Wagoner	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT Missie Pumpf (ADDRESS) 4246 Norfolk St		
18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters Lane DATE 6-6 SE 19		
19. UNDERTAKER Thielhaus (ADDRESS) 1001 Manchester		
20. FILED 1932 May 27 Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 4 1932**

22. I HEREBY CERTIFY, That I attended deceased from **March 31 1932** to **June 4 1932**
I last saw h. alive on **June 4 1932** Death is said to have occurred on the date stated above, at **7:30 A. m.**
The principal cause of death and related causes of importance were as follows:
Carcinoma stomach Date of onset **46 B**
General Metastasis **(D)**

Other contributory causes of importance:
Pray

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify **Instaur Packing** (Signed) **M. D.**
(Address) **1802 So Grand**

