

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

Do not use this space.

21294

**1. PLACE OF DEATH**

County..... Registration District No. *12A*  
Township..... Primary Registration District No. *12A*  
City *St. Louis* (No. *Lutheran Hospital*) St. .... Ward)

File No. ....  
Registered No. **5851**  
St. .... Ward)

**2. FULL NAME** *Louis A Pfundt*

(a) Residence, No. *3436 Nebraska Ave.* *24* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lina Pfundt</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 7, 1872</i>		
7. AGE	YEARS <i>60</i>	MONTHS <i>3</i>
	DAYS <i>13</i>	if LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <i>Sta Engineer</i> <i>34</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Ins. Guarantee Co</i>	
	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) <i>St. Louis Mo</i> <i>1</i>		
FATHER	13. NAME <i>Aug Pfundt</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i> <i>11</i>	
MOTHER	15. MAIDEN NAME <i>Mary Greiner</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT <i>Lina Pfundt</i> (ADDRESS) <i>3436 Nebraska</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cremation</i> DATE <i>June 23, 1932</i>		
19. UNDERTAKER <i>My Leidner M. Co.</i> (ADDRESS) <i>217 N. Market St.</i>		
20. FILED <i>JUN 21 1932</i> <i>W. C. Hall</i> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

*2*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 20, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *June 18, 1932* to *June 20, 1932*.  
I last saw him alive on *June 20, 1932*. Death is said to have occurred on the date stated above, at *3, 25, 6, m.*  
The principal cause of death and related causes of importance were as follows:  
*Epilepsy (Cerebral Hemorrhage)* Date of onset *131*  
*87A*

Other contributory causes of importance:  
*Chronic Intestinal Hepatitis*

Name of operation..... Date of.....  
What test confirmed diagnosis? *131* Was there an autopsy? *1*

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.....  
(Signed) *Otto L. Schindler*, M. D.  
(Address) *4906 Washington Blvd.*

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.

Abblender