

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

Do not use this space.

21573

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St Louis Mo (No. Lutheran Hospital)

File No.
Registered No. 6153
St. Ward)

2. FULL NAME

Alma G. Pinkus
(a) Residence, No. 5714 Rhodes av St. 2 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 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 Luther G. Pinkus
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1894
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 10 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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

13. NAME Chas Herman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Siebert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Luther G. Pinkus
5714 Rhodes av

18. BURIAL, CREMATION, OR REMOVAL PLACE No Crematory DATE 7-2-1932

19. UNDERTAKER (ADDRESS) Jegorheim

20. FILED 1932 Registrar W. C. Stalling

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to June 27, 1932.
I last saw her alive on June 27, 1932. Death is said to have occurred on the date stated above, at 1:30 A. m.
The principal cause of death and related causes of importance were as follows:

Acute glomerular nephritis Date of onset

1:30

Other contributory causes of importance:

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? no
If so, specify (Signed) S. W. Seurmann, M. D.
(Address) 3108 Chippewa St.

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.

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