

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

Do not use this space.

37942

**1. PLACE OF DEATH**

County..... Registration District No. *78*  
Township..... Primary Registration District No. *5003*  
City *St. Louis* (No. *3926 Nebraska ave*) St. *10653* Ward

**2. FULL NAME**

*August Pyroff*  
(a) Residence, No. *3926 Nebraska ave*, *1024* 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 *Bertha nee Meyer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 5 - 1857*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<i>75</i>	<i>5</i>	<i>25</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Life Insurance*

10. Date deceased last worked at this occupation (month and year) *1918* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany* <sup>10</sup>

FATHER 13. NAME *Unknown Pyroff*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER 15. MAIDEN NAME *Margarethe Imbusch*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Hedwig Soel* (ADDRESS) *3926 Nebraska ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Crematory* DATE *12-3-32*

19. UNDERTAKER *Walt Bros & Co* (ADDRESS) *2727 So Jefferson ave*

20. FILED *DLU - 2 1932* *Medell Standley* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 30* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 20* 19*32* to *Nov 30* 19*32*

I last saw him alive on *Nov 29* 19*32* Death is said to have occurred on the date stated above, at *1 P* m.

The principal cause of death and related causes of importance were as follows:

*Chronic myocarditis*

Date of onset *Unknown*

*93C 106A 930*

Other contributory causes of importance:

*Pericarditis - acute*

*11-20-32*

Name of operation *none* Date of

What test confirmed diagnosis? *cause* 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

(Signed) *Wasschenelder* M. D.

(Address) *274 Republic St Louis MO*

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.

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