

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.

11526

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No.....

791

1003

Primary Registration District No.....

File No.....

Registered No. 2600

**2. FULL NAME**

(a) Residence, No. 5592 Pershurgs St., 5 Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-3-33

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 24 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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 Simon Pintschuk

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

15. MAIDEN NAME Lena Hausner

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

17. INFORMANT Simon Pintschuk (ADDRESS) 5592 Pershurgs

18. BURIAL, CREMATION, OR REMOVAL PLACE assigned as DATE 3-4-1933

19. UNDERTAKER Specimens to Washington (ADDRESS) Wash. Med. School

20. FILED MAR 17 1933 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-33

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on 19... Death is said

to have occurred on the date stated above, at 10 m.

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

Respiratory failure  
Adrenal apoplexia

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

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) Dr. Loren Liese M. D.  
(Address) Beaumont Med. Bldg

