

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

Do not use this space.

**14996**

**1. PLACE OF DEATH**

County..... Registration District No. **792**  
 Township..... Primary Registration District No. **1013**  
 City **St. Louis** (No. **1902**, **Sullivan Ave** St. .... Ward)

File No. ....  
 Registered No. **3520**

**2. FULL NAME**

(a) Residence, No. **Jeanette Pini**, **Sullivan Ave** Ward. **26**  
 (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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>February 21-1933</b>		
7. AGE YEARS	MONTHS	DAYS
	<b>1</b>	<b>25</b>
If LESS than 1 day, ..... 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. <input checked="" type="checkbox"/>		
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) <b>St. Louis Mo.</b>		
13. NAME <b>Ormond Pini</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Illinois</b>		
15. MAIDEN NAME <b>Maria Keller</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Illinois</b>		
17. INFORMANT <b>Ormond Pini</b> (ADDRESS) <b>1902 Sullivan Ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Cadway</b> DATE <b>April 18</b> 19 <b>33</b>		
19. UNDERTAKER <b>Hy. Ledner and Co.</b> (ADDRESS)		
20. FILED <b>APR 18 1933</b> <b>May C. Starcken</b> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-16-1933**

22. I HEREBY CERTIFY, That I attended deceased from **April 14, 1933, to April 16, 1933**  
 I last saw him alive on **Apr 16, 1933** 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:  
**Primary** **Septic Inflammation** **1/14**  
**1933**  
 Other contributory causes of importance  
**107A** **10701**

Name of operation **None** Date of **None**  
 What test confirmed diagnosis? **Microscopical** 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? **None**  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None**  
 Nature of injury **None**

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify.....  
 (Signed) **W. O. Peltier**, M. D.  
 (Address) **2303 No 15th**

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.

MICROFILM RESERVED FOR BINDING

The following information was obtained from the records of the  
 Bureau of the Census, Department of Commerce, Bureau of Economic  
 Analysis, Office of Business Statistics, Washington, D. C., on  
 the subject of the above-captioned company, and is being furnished  
 to you for your information.

The company was organized in the State of New York on 11/15/54  
 and has since that time been operating as a corporation. The  
 principal office of the company is located at 111 West 42nd  
 Street, New York 36, New York. The company is engaged in the  
 business of operating a chain of retail stores selling a variety  
 of merchandise, including clothing, shoes, and accessories.

The company's principal officers and directors are as follows:  
 President, [Name]; Vice President, [Name]; Secretary, [Name];  
 Treasurer, [Name].

The company's principal activities are as follows: [Description of  
 activities].

The company's principal assets are as follows: [Description of  
 assets].

The company's principal liabilities are as follows: [Description of  
 liabilities].

The company's principal sources of income are as follows: [Description  
 of income sources].

The company's principal expenses are as follows: [Description of  
 expenses].

The company's principal methods of financing are as follows: [Description  
 of financing methods].

The company's principal methods of distribution are as follows: [Description  
 of distribution methods].

The company's principal methods of advertising are as follows: [Description  
 of advertising methods].

The company's principal methods of promotion are as follows: [Description  
 of promotion methods].

The company's principal methods of expansion are as follows: [Description  
 of expansion methods].

The company's principal methods of contraction are as follows: [Description  
 of contraction methods].

The company's principal methods of liquidation are as follows: [Description  
 of liquidation methods].

The company's principal methods of reorganization are as follows: [Description  
 of reorganization methods].

The company's principal methods of dissolution are as follows: [Description  
 of dissolution methods].

The company's principal methods of liquidation are as follows: [Description  
 of liquidation methods].

The company's principal methods of reorganization are as follows: [Description  
 of reorganization methods].

The company's principal methods of dissolution are as follows: [Description  
 of dissolution methods].