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.

100M-11-24-33

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6785

Township ..... Primary Registration District No. 1003 Registered No. 1637

City St Louis (No. 2927 Hampton Ave St. ..... Ward)

2. FULL NAME Katherine Pinker

(a) Residence, No. 2927 Hampton St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Antone Pinker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 6, 1857

7. AGE: YEARS 76 MONTHS 10 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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): Czecho Slovakia

FATHER
13. NAME: Unknown Benes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Czecho Slovakia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Czecho Slovakia

17. INFORMANT (ADDRESS): Charles Pinker 5501 Rhodes Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old St Peter's Paul DATE: Feb 17 1934

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4228 So Kingshighway

20. FILED: FEB 19 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1933, to Feb. 14, 1934
I last saw her alive on Feb. 13, 1934. Death is said to have occurred on the date stated above, at 5:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous	Sept
Nephritis	1933
~~Arterio Sclerosis~~	~~1931~~
~~Myocarditis~~	~~1933~~

Other contributory causes of importance:

Arterio Sclerosis	1931
Myocarditis Acute	dec 1933

Name of operation: No Date of
What test confirmed diagnosis? Clinical 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) W. P. Eidmann M. D.
(Address) 3146 Morganford Rd

La 3757 3146 Engrpl

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