

FEB 11 1936

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

Do not use this space.

2999

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 2620a Virginia Ave.)

File No.....
Registered No. 196
St. Ward)

2. FULL NAME Addie Pregaldin

(a) Residence, No. 2620a Virginia Ave., St. 17 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 21st. 1882.</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>4</u>	DAYS <u>14</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
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).....St. Louis, Mo.
(STATE OR COUNTRY)

13. NAME Peter Pregaldin

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

15. MAIDEN NAME Zerlina Chochard

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

17. INFORMANT Peter Pregaldin
(ADDRESS) 2620a Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Louis DATE Jan. 7th. 1936

19. UNDERTAKER Waecher - Helderle
(ADDRESS) 2551 S. Broadway

20. FILED - 6 1936 Jan 11 1936
J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3rd. 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-31- 1935 to 1-3- 1936

I last saw h. W. alive on 1-3- 1936 Death is said to have occurred on the date stated above, at 4 P. m.

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

Maligancy of Descending colon with generalized metastases
Date of onset 8 yrs?

Other contributory causes of importance: Myocarditis

Name of operation Exploratory Date of 8/13/35

What test confirmed diagnosis?..... 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? If so, specify..... W. F. Keenan

(Signed).....

(Address) 3115 N. Grand M. D.

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.

NO MAIN RESERVED FOR BIRTH

MO. 2
1936-11-24-33

