

FFB 11 1930

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

Do not use this space.

3791

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City *St. Louis Mo* (No. *1008*)Registered No. 1044  
St. *Barnes Hospital* Ward2. FULL NAME *Kenneth E. Feineke*(a) Residence, No. *337 Oakdale St.*, *W.R.* Ward. *Prim Lawn Mo.*  
(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

## MEDICAL CERTIFICATE OF DEATH

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 *Mathison Pimiche*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 31 - 1901*7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*34. 11. 26.*OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chauffeur*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Naval Oil Co.*  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Christopher Lee.*FATHER 13. NAME *Edgar Pimiche*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*MOTHER 15. MAIDEN NAME *Amanda Gratton*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky.*17. INFORMANT (ADDRESS) *Mathison Pimiche 337 Oakdale av.*18. BURIAL, CREMATION, OR REMOVAL PLACE *St Peter* DATE *Jan 29, 1931*19. UNDERTAKER (ADDRESS) *Edith E. Ambrose 4214 Manchester av.*20. FILED IN *11 1930* 19 *J. Predeck* Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1 / 27* 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *1-26* 19 *36* to *1-27* 19 *36*I last saw him alive on *1-27* 19 *36* Death is said to have occurred on the date stated above, at *10:40 a.m.*

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

Date of onset

*Mycosis Fungoides*Other contributory causes of importance: *W.S.W.**Broncho pneumonia*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) *FR Bradley*, M. D.(Address) *Barnes Hospital*

