

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

Do not use this space.

20314
29199

1. PLACE OF DEATH

County.....

Registration District No. 1003

Township.....

Primary Registration District No.

City ST. LOUIS(No. 4215 1/2 PAGE)

File No.

Registered No. 7981

St. Ward)

2. FULL NAME Ferdinand Pokrer Sr.(a) Residence, No. 4215 1/2 PAGE 19 S.W.L. St. 11 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)MALEWHITEWIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFANNA POKRER

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

DEC. 21-1898

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1
day,hrs.
ormin.77748. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.UPHOLSTER9. 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

UNKNOWN14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)UNKNOWN

15. MAIDEN NAME

MAGDALENA WENTZ16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)ST. LOUIS
MO17. INFORMANT
(ADDRESS)Julius W. Schmitt
5627 Chippewa

18. BURIAL, CREMATION, OR REMOVAL

PLACE GALVARY CEMT DATE JULY 29 193619. UNDERTAKER
(ADDRESS)Julius W. Schmitt
5627 Chippewa

20. FILED

20 1936

19

J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 25 193622. I HEREBY CERTIFY, That I attended deceased from
JULY 22 1936 to JULY 25 1936I last saw him alive on JULY 25 1936 Death is said
to have occurred on the date stated above, at 6:35 P.M.

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

Heat StrokeDate of onset
7-22-36

Other contributory causes of importance:

AGE WITH SENILE
CHANGES IN CARDIOVASC
S.YSTEMName of operation NONE

Date of

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Fabian J. Bunde, M. D.(Address) C. A. Morganford

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Woodbridge