

DEC 3 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

Do not use this space.

42564

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City St. Louis City (No. Alexian Bros. Hospital)

File No.....
Registered No. **11071**
St. Ward)

2. FULL NAME August Pokrefke(a) Residence, No. 5620 Leona St., 2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Bernal Pokrefke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-25-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber sorter9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)

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) Germany13. NAME Do not know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Do not know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT John Pokrefke (ADDRESS) 5620 Leona18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE NOV 27 193619. UNDERTAKER Thos J. Finan (ADDRESS) 1519 S. Grand20. FILED NOV 6 1936 J. Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 325 P.M.

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

Fracture left hip red Date of onsetfall on steps at residencePneumonia

Other contributory causes of importance:

Name of operation..... Date of.....

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? None Date of injury 10/27/36Where did injury occur? Home Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury All above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Harold P. Pugh M.-D.(Address) St. Louis

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.

