

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Township  
City St. Louis (No. ....)

**FEB 8 1937**

Registration District No. ....

Primary Registration District No. 791  
1008  
City Hospital No. 1

File No. 3120

Registered No. 132  
St. .... Ward)

**B. 11899**

**2. FULL NAME** Nick Palneck

(a) Residence, No. 2112 Cheokee St., 24 Ward. 1  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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 Mars. M. Palneck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1880.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hra. or .....min.  
56 4 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262  
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) Austria Hungary 2

FATHER 13. NAME John Palneck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary 3

MOTHER 15. MAIDEN NAME Anna Yaeger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary 3

17. INFORMANT Hosp. Info. M. H. Kent  
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE New S. S. Peter & Paul January 6th, 1937

19. UNDERTAKER Giegenhein Bros.  
(ADDRESS) 2623 Cherokee Street.

20. JAN 4 1937 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/4/37 1937

22. HEREBY CERTIFY, That I attended deceased from 11/13/36, 1936, to 1/4/37, 1937

I last saw him live on 1/4/37, 1937. Death is said to have occurred on the date stated above, at 2.30 m.

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

Carcinoma of tongue Date of onset: 8-35

Other contributory causes of importance:

Name of operation Biopsy lingual atrophy lesion of 1-28-36

What test confirmed diagnosis? Biopsy 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? .....  
If so, specify.....

(Signed) J. H. Borg, M. D.  
(Address) City Hospital No. 1

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.

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THE UNIVERSITY OF CHICAGO