

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

St. Louis

Primary Registration District No. 1008

City
4197

(No.)

City Hospital No. 1

St.

Ward)

File No.

25259

Registered No.

6433

2. FULL NAME

Baby Pfingsten

(a) Residence, No.

1119 Ferry

St., 9

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)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Child

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

June 26, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

0

0

5

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.

"

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, Missouri

FATHER

13. NAME

Earl Pfingsten

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

Missouri

MOTHER

15. MAIDEN NAME

Regina Weir

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

Missouri

17. INFORMANT
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cahans

DATE

July 3

1937

19. UNDERTAKER
(ADDRESS)Gaudin & Sons
3434

20. FEE

\$

3

1937

19

G. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7/1/37

19

22. I HEREBY CERTIFY, That I attended deceased from

6/26/37

to

7/1/37

19

I last saw him alive on 7/1/37, 19..... Death is said

to have occurred on the date stated above, at 10 25 p

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

Pneumonia

Other contributory causes of importance:

Name of operation.....

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?.....

If so, specify.....

(Signed)

Gaudin & Sons
City Hospital No. 1

, M. D.

(Address)

WHITE PAPER, 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.

