

REC'D SEP 13 1938

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

28005

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Jean Primary Registration District No. 1002 Registered No. 3316
(c) City Jackson City (d) Street No. 42 Cogen Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ernest Pinderster 532
(a) Residence, No. 1421 Dan Hunt St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estelle Pinderster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 — 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney
9. Industry or business in which work was done, as 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) Virginia

FATHER 13. NAME Wm B. Pinderster

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

MOTHER 15. MAIDEN NAME Jose Anderson

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

17. INFORMANT (ADDRESS) Reverend Clerk
42 Cogen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 8-24, 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Louis
666 S. Olive

20. FILED Aug 22, 38 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-21 1938 to 8-21 1938
I last saw him alive on 8-21 1938 Death is said to have occurred on the date stated above, at 12:15 pm
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach with fatal hemorrhage
Other contributory causes of importance: 460

Name of operation Autopsy Date of 8-21 1938
What test confirmed diagnosis Autopsy 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 1938

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) O. A. De Maria M. D.
(Address) 42 Cogen Hosp

RETURN TO OFFICE THAT ISSUED THIS LICENSE
IF YOU ARE INTERESTED IN
RENEWING YOUR LICENSE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No. working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.