

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5130  
Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City St. Louis  
 (d) Street No. St. Luke's Hospital Registration District No. 791  
 (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.

Registered No. 1823

2. PRINT FULL NAME

236 Adolph E. Pistor  
 (a) Residence, No. 5357 Magnolia Ave. St. 13  
 (Usual place of abode, if no street address, write county or city) (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary B. Pistor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12 - 1863

7. AGE YEARS 75 MONTHS 6 DAYS 11 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. night watchman  
 9. Industry or business in which work was done, as saw mill, bank, etc. watchman  
 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) Germany

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFIRMANT A. H. Pistor  
 (ADDRESS) 24 Poncho Trail, Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion's DATE 2/25/39

19. FUNERAL DIRECTOR Robert J. Ambruster  
 (ADDRESS) Clayton Rd. at Concordia Lane.

20. FILED J. B. Buddek  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1939

I HEREBY CERTIFY, That I attended deceased from Feb 22, 1939 to February 23, 1939  
 I last saw him alive on February 23, 1939. Death is said to have occurred on the date stated above, at 10:05 P.m.

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

Rt Lobar Pneumonia Date of onset 2-20-39

Other contributory causes of importance:  
Chr Myocarditis 1929  
Chr Bronchitis 1920

Name of operation No Date of .....  
 What test confirmed diagnosis? Clinical 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 ..... 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 2nd 5 Remains I, M. D.  
 (Signed) 4448 Shaw Ave  
 (Address) .....

FEB 25 1939

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.

**STATEMENT BY LICENSED EMBALMER**

I, Edward H. Bockhorst, Licensed Embalmer No. 2502

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E......

No..... or by..... Registered Apprentice No.....  
working under my personal supervision.

Signed Edward H. Bockhorst

Licensed Embalmer No. 2502

**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.)**