DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7669

Registration District No. 660 Primary Registration District No. 4396 Registrar's No.

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location) 7

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 83 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Perryville Mo. (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 524 Anton F. Pingel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thresia Pingel

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Nov. (Month) 14 (Day) 1856 (Year)

8. AGE: Years 83 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Blacksmith (Retired) 6

11. Industry or business 6

FATHER
12. Name Anton Pingel
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Thresia Widebusch
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Ida Pingel

(b) Address Perryville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo. 505

19. (a) Feb 2-1940 (Date received local registrar) (b) Jos J Zoellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 year 1940 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from Jan 1st, 1940, to Feb 1st, 1940; that I last saw him alive on Jan 29th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infirmities of Old age	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. T. Parks (M. D. or other)

Address Perryville Mo Date signed 2/29/40

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PERMANENT—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

X19511

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. Edward C Young

Licensed Embalmer No. 2138

P. O. Address. Perryville Mo

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.