

# STANDARD CERTIFICATE OF DEATH

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

### 1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME PETE PINKOFF  
 8. (b) If veteran, name war no  
 3. (c) Social Security No. 318-14-6398

4. Sex male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Ruby Pinkoff  
 6. (c) Age of husband or wife if alive 42 years  
 7. Birth date of deceased Dec 26th-1888  
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 24  
If less than one day hr. min.

9. Birthplace Bulgaria  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W.P.A.

MOTHER FATHER { 12. Name Martin Pinkoff

18. Birthplace Bulgaria  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Bulgaria  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Pinkoff

(b) Address Collinsville, Ills.

17. (a) ~~Removal~~ (b) Date thereof Mar 22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville, Ill

18. (a) Signature of funeral director Geo. M. Schaeppel

(b) Address Collinsville, Ills.

19. (a) MAR 22 1940 (b) J. B. [Signature]  
(Date received local registrar) (Registrar's signature)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison  
 (c) City or town Collinsville NR  
(If outside city or town limit, write "RURAL")  
 (d) Street No. 442 South Seminary  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? 28 years.

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21  
 year 1940 hour 5:10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Feb. 23  
 1940, to March 21, 1940;  
 that I last saw alive on March 21, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
 Duration \_\_\_\_\_

Due to nephrosclerosis - chronic

Due to \_\_\_\_\_

Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations nephrosclerosis  
cardiac hypertrophy  
 Of autopsy Pulmonary congestion  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature Claf Mueller (M. D. or other) \_\_\_\_\_  
 Address BARNES HOSPITAL Date signed 3/21/40

**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.....

Geo. M. Schroepfel

Registered Apprentice No. 1598

working under my personal supervision.

Signed

*Geo. M. Schroepfel*

Licensed Embalmer No. 1598

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.**