. S. No. 2
I—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 10254

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 335

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 40 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1014 S. 10th (If rural, give location)

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

3. (a) PRINT FULL NAME George P. Pinzel 524

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Pinzel

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. (Month) 31 (Day) 1876 (Year)

8. AGE: Years 64 Months 1 Days 23 If less than one day ..... hr. ..... min.

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

10. Usual occupation Baker (Retired)

11. Industry or business

FATHER
12. Name George Pinzel
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Mrs. Mary Pinzel

(b) Address 1014 S. 10th St. Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 26 (Month) (Day) 40 (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Fleeman & Son, Inc.

(b) Address 1946 Calhoun St Joseph Mo

19. (a) March 25, 1940 (Date received local registrar) H. J. Nestlebush (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Mar day 24th year 1940 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 23, 1940, to March 24, 1940; that I last saw him alive on March 24, 1940 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocarditis | ? |
| Hypertension 218/16 | ? |
| Due to Pernicious Anemia | |
| Bronchitis | |
| Due to Asthma | |

Other conditions (Include pregnancy within 3 months of death) 93 P

Major findings:
Of operations
Of autopsy No

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) No

(b) Date of occurrence No

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85 No (Specify type of place)

While at work? No (e) Means of injury No

23. Signature [signature] (M. D. or other)

Address St Joseph Mo Date signed 3-25-40

(Licensed Embalmer's Statement on Reverse Side)

## 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 C G Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph.

**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.**