S. No. 2
—9-4-41
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 MAR 15 1943

Registration District No. 818

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4647

Registrar's No.

1963

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: 1115 Dolman Str. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 ✓

(c) City or town St. Louis, 17 ✓
(If outside city or town limits, write "RURAL") 9

(d) Street No. 1115 Dolman Str.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Clarence Pinski

3. (b) If veteran, name war No

3. (c) Social Security No. -------

4. Sex Male

5. Color or race Wht. 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 17, (Day) 1943 (Year)

8. AGE: Years - Months 1 Days 11 If less than one day hr. min.

9. Birthplace Nashville Ill. (City, town, or county) / (State or foreign country)

10. Usual occupation ---------

11. Industry or business ---------

FATHER
12. Name Edward Pinski
13. Birthplace Nashville Ill. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Cecelia Antkowiak
15. Birthplace Nashville Ill. (City, town, or county) / (State or foreign country)

16. (a) Informant Clarence Pinski
(b) Address 1115 Dolman Str.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation Nashville Ill.

18. (a) Signature of funeral director Wm. C. Mogdell
(b) Address 1926 Allen Ave.

19. (a) MAR 1 1943 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1943 hour 7 minute 10, P.M.

21. I hereby certify that I attended the deceased from 2/23/43, 19 to 2/23/43, 19;
that I last saw him alive on 2-25-43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia

Due to Regurgitation of milk

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 H. Swehorly (M. D. or other)

Address 1935 Park Date signed 3-4-43

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed F. M. Davis

2134 Russell

Licensed Embalmer No. 3741

P. O. Address 1926 Allen ave.

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, fact should be so stated above.