

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 273

Primary Registration District No. \_\_\_\_\_

Registrar's No. 121

61-037956  
STATE FILE NUMBER

EX-10 OCT 31 1961

**1. PLACE OF DEATH**

a. COUNTY Perry  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cinque Hommes Twp. Length of stay in Twp. \_\_\_\_\_  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perryville, R.2. Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Perry  
c. CITY OR TOWN Perryville, Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) R.2. Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print)

First Mary Middle Lillian Last Pingel

4. DATE OF DEATH Oct. 19, 1961

**5. SEX**

Female

**6. COLOR OR RACE**

White

7. Married  Never Married   
Widowed  Divorced

Oct. 22, 1906

**8. DATE OF BIRTH**

**9. AGE (last birthday)**

54

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)

Housewife

**10b. KIND OF BUSINESS OR INDUSTRY**

St. Louis, Mo.

**12. CITIZEN OF WHAT COUNTRY**

U.S.A.

**13a. FATHER'S NAME**

Julius Stammer

**13b. MOTHER'S MAIDEN NAME**

Dorothy Vogel

**14. NAME OF HUSBAND OR WIFE**

Walter M. Pingel

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)

No

**16. SOCIAL SECURITY NO.**

**17. INFORMANT**

Walter M. Pingel, Perryville, Mo., R.2.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

undet

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

One pill

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED?** YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

W. Feltz MD

(Degree or title)

**22b. ADDRESS**

Perryville, Mo.

**22c. DATE SIGNED**

10-20-61

**23a. BURIAL, CREMATION, REMOVAL** (Specify)

Burial

**23b. DATE**

Oct. 21, 1961 - Catholic Cem., Biehle, Mo.

**23c. NAME OF CEMETERY OR CREMATORY**

**23d. LOCATION** (City, town, or county)

(State)

**24. EMBALMER'S NAME AND ADDRESS**

Albert Bey, Perryville, Mo.

**25. DATE RECD. BY LOCAL REG.**

Oct 23-61

**26. REGISTRAR'S SIGNATURE**

Josef Zoellner

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

