

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

18141

1. PLACE OF DEATH

County.....  
Township.....  
City..... (No. 3440, Hartford

Registration District No. 781  
Primary Registration District No. 11003  
Hartford

File No. ....  
Registered No. 5299  
St. .... Ward)

2. FULL NAME Joseph Pankau

(a) Residence, No. 3440 Hartford St., 16 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Pankau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26, 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
89 2 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tobacco worker (retired)  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Mrs Anna Dotzert (Address) 3449 Hartford

15. FILED MAY 31 1930 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 19 30

17. I HEREBY CERTIFY, That I attended deceased from May 2nd 1930, to May 28th 1930 that I last saw him alive on May 28th 1930 and that death occurred, on the date stated above, at 4:15 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Arteriosclerosis

97 958

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. K. Lippert, M. D.

7/29, 1930 (Address) 3807 Broadway

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Concordia Cemetery

May 31 1930

20. UNDERTAKER

ADDRESS 3732 S. Grand Blv.

3003 St. Belmore

2 - 3 - 4

5  
6  
7  
8  
9