

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

Do not use this space.

DEC 18 1936

40480

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

Registration District No. 85

Primary Registration District No. 1001
(No. St. Joseph's Hospital)

File No. _____
Registered No. 1461
St. _____ Ward _____

2. FULL NAME Felix Pankau

(a) Residence, No. 518 1/2 South 6th, St. _____, Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 29, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Store Own Business
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 15 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hurlinger Missouri

13. NAME Joseph Pankau

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Mary Kimmet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Mrs. Paul Fisher Clarksdale, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cemetery Hurlinger, Mo. DATE Nov. 25, 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str. St. Joseph, Mo.

20. FILED 11-23, 1936 A. J. Neill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1936, to Nov. 23, 1936

I last saw him alive on Nov. 23, 1936 Death is said

to have occurred on the date stated above, at 3:20 A.M.

The principal cause of death and related causes of importance were as follows:

Left lobar pneumonia Date of onset 11-21-36

Other contributory causes of importance: acute alcoholism 10-20-36

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Cabray Wortley, Jr., M. D.

(Address) 731 Farson St. St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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