ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 2892

BIRTH NO.

REGISTRAR'S NO. 1172

PLACE OF DEATH

1. PLACE OF DEATH
   - A. COUNTY: MARICOPA
   - B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Phoenix
   - C. LENGTH OF STAY IN THIS PLACE: 30 yrs. IN ARIZONA: 30 yrs.
   - D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): VA Hospital, Phoenix, Arizona

USUAL RESIDENCE

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
   - A. STATE: Arizona
   - B. COUNTY: Maricopa
   - C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Phoenix, Arizona
   - D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 120 E. Maryland Ave.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) RENE B. (MIDDLE) M. C. (LAST) PINCETL
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 2 DAY 4 YEAR 92
8. AGE: YEARS 60 MONTHS 3 DAYS 8. IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Retired Army Officer
9B. KIND OF BUSINESS OR INDUSTRY: Arm;y
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): France
11. CITIZEN OF WHAT COUNTRY?: Yes-U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): WWI & WWII
13. SOCIAL SECURITY NO.: Unk.
14A. FATHER'S NAME: FRANK J. PINCETL
14B. BIRTHPLACE (STATE OR COUNTRY): France
15A. MOTHER'S MAIDEN NAME: Jeanne Pincetl
15B. BIRTHPLACE (STATE OR COUNTRY): France
16. INFORMANT'S SIGNATURE: VA Hospital Records, ADDRESS: Phoenix, Arizona
17. DATE OF DEATH: (MONTH) May (DAY) 12 (YEAR) 52

CAUSE OF DEATH (ITEM 18)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 177X

*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

	Cause	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia	~~xxwkxx~~ 48h
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b)	Peritonitis	48 hrs
DUE TO (c)	Ruptured Bladder	48 hrs
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	Carcinoma of Prostate with diffuse Metastastes	6 yrs.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: 1947
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate
20. AUTOPSY? YES ☒ NO ☐

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT, SUICIDE, HOMICIDE (SPECIFY):
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.):
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT VA ATTENDED THE DECEASED FROM 1-7-52, 19__ TO 5-12-52, 19__ THAT DEATH OCCURRED AT 12:31 am FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE, DEGREE OR TITLE: AUSTIN R. GRANT, M. D., Chief Surgical Service
23B. ADDRESS: VA Hospital, Phoenix, Arizona
23C. DATE SIGNED: 5-12-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: May 14, 1952
24C. NAME OF CEMETERY OR CREMATORY: Greenwood
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.
25A. DATE REC'D BY LOCAL REG.: 5/14/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: Henry J. Fornan ADDRESS
27. EMBALMER'S SIGNATURE: Don Cannon CERT. NO. 337

ARIZONA FUNERAL HOME

595916

FORM VS 2 REV. 20M