

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

Do not use this space.

8109

1. PLACE OF DEATH

County..... Registration District No. 700 File No.
 Township..... Primary Registration District No. Registered No. 1701
 City St Louis (No. St Johns Hospit St. Ward)

2. FULL NAME

(a) Residence, No. 12 St. Venice Ill 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mable E. Piesen

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1927 to Feb 5, 1929
 that I last saw him alive on Dec 5, 1929, and that death occurred, on the date stated above, at 1:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23 - 74
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 — 12

THE CAUSE OF DEATH WAS AS FOLLOWS:

Apoplectic Cerebral Hemorrhage 82 (duration) 90 yrs. mos. / ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Car inspector
 (b) General nature of industry, business, or establishment in which employed (or employer) P.R.
 (c) Name of employer M & T

CONTRIBUTORY (SECONDARY) Arterio-sclerosis (duration) 7 yrs. mos. / ds.

9. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Ill

18. WHERE WAS DISEASE CONTRACTED Granite City, Ill
 IF NOT IN PLACE OF DEATH

10. NAME OF FATHER William Piesen

DID AN OPERATION PRECEDE DEATH? No DATE OF Yes
 WAS THERE AN AUTOPSY? Yes

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Autopsy
 (Signed) W. H. Hesser, M. D.

12. MAIDEN NAME OF MOTHER Don't know

Feb. 5, 1929 (Address) 4500 Olive St. St. Louis Mo.

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

*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.

14. INFORMANT Mable E. Piesen (Address) Venice Ill

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Granite City, Ill. DATE OF BURIAL 2-8 1929

15. FILED W. C. Standley REGISTRAR

20. UNDERTAKER J. E. Mercer ADDRESS Granite City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

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W. H. Hesser

