

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23023

FILED JUL 28 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6146

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Christian Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days (Specify whether _____)
 In this community 9 yrs. years, months or days

3. (a) PRINT FULL NAME Barbara Pieschel

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Herman J. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 26 - 1869
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>22</u>	hr. _____ min.

9. Birthplace Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
 12. Name John Mueller
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred Pieschel
 (b) Address 6805 Pleasant
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-1942
 (Month) (Day) (Year)
 (c) Place: burial or cremation Desoto Mo
 18. (a) Signature of funeral director Daniel G. Mahur
 (b) Address Desoto Mo
 19. (a) JUL 20 1942 (Date received local registration) (b) J. F. Prodecker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006
 (c) City or town St. Louis Mo (If outside city or town limits, write "RURAL") 412
 (d) Street No. 1508 - Central (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
 year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from June 18, 1942 to July 18, 1942
 that I last saw her alive on July 18 and that death occurred on the date and hour stated above.

Immediate cause of death St. dilation of heart
 Due to Cancer of liver
 Due to _____

Other conditions (Include pregnancy within 3 months of death) None
 Major findings: Of operations None
 Of autopsy None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work (Specify type of place) (e) Means of injury _____
 23. Signature Samuel Wayzome (M. D. or other) me
 Address 2906 Union Date signed 7/20/42

Embalmer's Separate Certificate to be filled out

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.