

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Addie C. Pietzsch.

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Henry Pietzsch, Debd.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 6, 1866
(Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day
79 4 13 hr. min. 0

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Frank Charbilak
13. Birthplace Moravia (City, town, or county) (State or foreign country)
14. Maiden name Katherine Deserick
15. Birthplace Mistek, Vienna (City, town, or county) (State or foreign country)

16. (a) Informant George Pietzsch
(b) Address 7411 Parkdale
17. (a) Burial (b) Date thereof Mar. 21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) 3-20-46 (b) E. M. Gavan M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 924 Trinity Ave.,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1946 hour 5:00 minute 0 M.

21. I hereby certify that I attended the deceased from 3/17/46
_____ 19____ to 3/19/46 19____
that I last saw h. alive on 3/19/46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia -
Senility (LOGAR)
Due to _____
Due to 108

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 place) _____ (Means of injury)
23. Signature [Signature] (M. D. or other)
Address 818 Chestnut Date signed 3/19/46

Dr. Don J. Miller.
Paul Bremer Bldg
#818 Olive
CH 1444
3-4 P.M.

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.....

Don Paul Marler....., Registered Apprentice No. 381
working under my personal supervision.

Signed Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis Mo

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, fact should be so stated above.