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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

Registration District No. 275

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32071

Primary Registration District No. 5939

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rural Cold Spring Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 82 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rural Rolla 0 (If outside city or town limits, write "RURAL")

(d) Street No. Cold Spring Twp. 0 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma Pietsch

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gustava Pietsch

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased May (Month) 7 (Day) 1861 (Year)

8. AGE: Years 86 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business House wife

FATHER
12. Name Adolph Butery
13. Birthplace Berlin (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Johanna Huffman
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Miss Christene Pietsch

(b) Address Rolla, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Mo

18. (a) Signature of funeral director Smith-Hollow [signature]

(b) Address Rolla, Mo.

19. (a) 10-3-47 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature) [signature]

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 1 year 1947 hour 10 minute 40 A. M.

21. I hereby certify that I attended the deceased from 3/5/47, 19__, to 10/1/47, 19__; that I last saw her alive on 10/1/47, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Coma with Respiratory failure	4 hours
Due to Uremia	2 weeks
Due to Acute Nephritis	3 wks
Other conditions Anemia, cirrhosis (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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature [signature] (M. D. or other) D.O.

Address Rolla, Mo Date signed 10/2/47

(Licensed Embalmer's Statement on Reverse Side)

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. [illegible]

Licensed Embalmer No. 3643

P. O. Address. Rolla, 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.