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

Do not use this space.

File No. 35402
Registered No. 10588

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. ....., ... St. ..... Ward)

2. FULL NAME Arnold Pielk

(a) Residence. No. 3945 N 19th St., No 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	8	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Gardener 131 132
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: City Park Dept

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER: William Pielk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT: Arnold Polklasmer
(Address) 3945 N 19th St

15. FILED NOV 26 1927 Max C Starkeff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-25-1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 23 1927, 19..., to Nov 25, 1927 that I last saw h. alive on Nov 24, 1927, and that death occurred, on the date stated above, at 1:30 am 130

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
(duration) 3 yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Chronic Pneumonia
(duration) ..... yrs. ..... mos. 3 ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Joseph C Schafer, M. D
11/26, 1927 (Address) DR. JOSEPH C. SCHAFER GRAND AND WASHINGTON 283 UNIVERSITY CLUB BUILDING ST. LOUIS, MO.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cem — DATE OF BURIAL: Nov 28th 1927
20. UNDERTAKER: Edward Koch — ADDRESS: 3516 N 14th

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.