WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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

Do not use this space.

36159

1. PLACE OF DEATH

County ..... Registration District No. 79 ..... File No. .....

Township ..... Primary Registration District No. 10 ..... Registered No. 10684

City ST. LOUIS MO. (No. BARNES HOSPITAL. St. ..... Ward)

2. FULL NAME JOHN CHARLES BIETSCH.

(a) Residence, No. 2151 LINTON AVE. St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): MARRIED.

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: JOHANNA BIETSCH.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8/17/1873.

7. AGE: YEARS 58 | MONTHS 1 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STEAM FITTER.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. URBAUER & ATWOOD.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS.

FATHER

13. NAME: GEORGE BIETSCH.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY.

MOTHER

15. MAIDEN NAME: ELIZABETH MEYER.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY.

17. INFORMANT (ADDRESS): Johanna Bietsch. 2151 LINTON AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FRIEDENS CEM. DATE 10/23/31. 19

19. UNDERTAKER (ADDRESS): Provost Lund Co. 3710 N. Grand Blvd.

20. FILED OCT 21 1931 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/19/31. 19

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19..., to ....., 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9-30 PM.

The principal cause of death and related causes of importance were as follows:

Shock & Injuries
Fractured Skull
fall from Roof
St. Louis Mo.
186A
1948

Date of onset

Other contributory causes of importance: Accident

186B

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury 9-19 1931

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury fall from Roof

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kerner, M.D.

(Address) Dep. Comm.

10/21/31