

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

Do not use this space.

42368

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis, Mo. (No. 1314 Robert St.)

File No.....  
Registered No. 11499  
St..... Ward.....

**2. FULL NAME**

Hennietta Piefuss  
(a) Residence, No. 1314 Robert St. St. 26 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17 - 1838</u>		
7. AGE	YEARS <u>94</u>	MONTHS <u>7</u>
	DAYS <u>10</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>Germany 10</u>		
FATHER	13. NAME <u>John Stock</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Marie Zanzing</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Minnie Piefuss</u> (ADDRESS) <u>1314 Robert St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters</u> DATE <u>Dec 27</u> , 19 <u>32</u>		
19. UNDERTAKER <u>H. J. Leidner Mnd Co.</u> (ADDRESS) <u>1017 N. Market St.</u>		
20. FILED <u>DEC 26 1932</u> <u>May Osterhoff</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932 to Dec 24, 1932  
I last saw her alive on Dec 24, 1932 Death is said to have occurred on the date stated above, at 2:15 p. m.  
The principal cause of death and related causes of importance were as follows:

<u>108</u>	<u>Pneumonia</u>	Date of onset <u>Dec 23</u>
<u>97</u>	<u>Lobar</u>	
<u>108</u>	<u>Other contributory causes of importance:</u>	
	<u>Asympt. Sepsis</u>	
	<u>Smility</u>	

Name of operation None Date of ✓

What test confirmed diagnosis Wheeler Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury ✓, 1932  
Where did injury occur? ✓  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ①

Manner of injury ✓  
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. O. Pugh, M. D.  
(Address) 2503 N. 13th

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.

WHITE-TELETYPE, WITH OBTAINING INK—THIS IS A PERMANENT RECORD

