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.
14814

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3330

City St. Louis Mo. (No. ..... Sanitarium ..... St. ..... Ward)

2. FULL NAME Josephine Pitzel

(a) Residence, No. 5641 Theodosia St. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29. 1857

7. AGE: Years 75 Months 5 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Ft. Wayne Unknown Indiana

FATHER
13. NAME Raffle Brothers Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Josephine Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT O. E. Tyffat M.D.
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Apr. 11 1933

19. UNDERTAKER Charles Ernst Sons
(ADDRESS) 1225 Morgan St.

20. FILED APR 11 1933 H. C. Hartlage Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to April 8, 1933

I last saw her alive on April 8, 1933 Death is said to have occurred on the date stated above, at 4:55 P.m.

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

	Date of onset
Broncho-pneumonia	4-7-33
59	
DTA	59
Other contributory causes of importance: Diabetes Mellitus	3-8-33

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) O. E. Tyffat, M. D.
(Address) 5400 Arsenal