

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

Do not use this space.

27605

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248B File No. _____
City 4626 Aldensburg (No. _____) St. _____ Ward _____
Registered No. 281

2. FULL NAME

Les Ambrose Pioszich
(a) Residence, No. 4626 Aldensburg St. _____ 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) St. Louis Mo.

13. NAME Ambrose Pioszich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati

15. MAIDEN NAME Anna Piossier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Anna Piossier
(ADDRESS) 4626 Aldensburg

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cemetery DATE 8/31 1933

19. UNDERTAKER John J. Ziegler & Sons
(ADDRESS) 710 27

20. FILE Aug 30 1933 L. C. Obrecht Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30- 1933
22. I HEREBY CERTIFY, That I attended deceased from Birth 1933 to 8-30- 1933
I last saw him alive on 8-30- 1933 Death is said to have occurred on the date stated above, at 12:30 A.

The principal cause of death and related causes of importance were as follows:
Luetic Endocarditis Date of onset _____

Other contributory causes of importance 34
41B
34

Name of operation No Date of _____
What test confirmed diagnosis? Postmortem 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? No
If so, specify _____
(Signed) Joseph Dwyer M. D.
(Address) 4700 Solvay

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. SEP 26 1933

