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.

NOV 10 1933

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

Do not use this space.

34884

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 9061

Township ..... Primary Registration District No. 12008 ..... Registered No. .....

City St Louis Mo (No. 5646, Clemens Av St. ..... Ward)

2. FULL NAME Ezra James Pietzcker

(a) Residence, No. 5646 Clemens St., 5 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1857

7. AGE: YEARS 75 | MONTHS 9 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 59
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager 94A
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 93C

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER

13. NAME August Pietzcker

10 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary A. Bitterman

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reading Pa.

17. INFORMANT (ADDRESS) Geo S. Pietzcker 5646 Clemens Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE Oct 21 1933

19. UNDERTAKER (ADDRESS) Ambrister Und Co 4234 Manchester Av

20. FILED OCT 20 1933 19 J F Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to Oct 18, 1933

I last saw him alive on 10 - 18, 1933. Death is said to have occurred on the date stated above, at 10.20 A m.

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

Chronic Myocarditis
Angina Pectoris
Mellitus
Diabetes for several years.

Date of onset

59

Name of operation None Date of .....

What test confirmed diagnosis? ..... 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) C. W. Barrett M. D.

(Address) 4500 Olive Street