

MAY 25 1934

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

Do not use this space.

15214

File No. _____
Registered No. 4329
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. St. Lukes Hospital)

2. FULL NAME William M. Pitsch

(a) Residence, No. 2296 1/2 R 5 St. NR Ward. Webster Groves Mo.
(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 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 Emma Pitsch		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22 1893		
7. AGE	YEARS 51	MONTHS 1
	DAYS 5	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chamber
	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) Cedar Falls Iowa
(STATE OR COUNTRY)

13. NAME Carl Pitsch

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

15. MAIDEN NAME Frances Klein

16. BIRTHPLACE (CITY OR TOWN) Austria
(STATE OR COUNTRY)17. INFORMANT Emma Pitsch
(ADDRESS) 2296 1/2 R 5 Webster Groves Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Western South Cemetery DATE Apr 30 193419. UNDERTAKER C. J. Bredbeck
(ADDRESS) 69 3/4 St. Louis Mo.20. FILED _____ 19 _____ J. J. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 1934

22. I HEREBY CERTIFY, That I attended deceased from
April 25 1934, to April 27 1934

I last saw h. i. m. alive on April 27 1934. Death is said

to have occurred on the date stated above, at 6:45 p. m.

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

Peritonitis
Ruptured appendix
Date of onset

Other contributory causes of importance

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 _____ 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) R. T. Terry, M. D.

(Address) St. Lukes Hospital

Biedermeier

