

SEP 15 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32487

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *City Hospital*) St. Ward

File No.
Registered No. **8314** St. Ward

2. FULL NAME

Thomas A. Piek
(a) Residence, No. *4235 Gibson St.* St. *18* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40* yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 *Margaret Luck*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 11, 1861*

7. AGE YEARS *75* MONTHS *2* DAYS *29* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
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) *Missouri*

13. NAME *Richard Luck*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Elizabeth Christopher*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Margaret Luck* (ADDRESS) *4235 Gibson St.*

18. BURIAL PLACE *Valhalla Cemetery* DATE *8-12-36*

19. UNDERTAKER *Kingshaker Mortuary* (ADDRESS) *404 Mississippi St.*

20. *100* 1936 19. *J. Brebeck* Registrar.

McPhy MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-9-36*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at *2:30* p.m.

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

Fractured skull, with subdural haem. of brain recd. in fall down steps at residence.

Other contributory causes of importance: *1860*

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? *Accid.* Date of injury... *8-9-36*

Where did injury occur? *St. Louis Mo.* (Specify city or town, county, and State)

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

Manner of injury *Fall*

Nature of injury *Fall*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Harold P. Piek* M.D. (Address) *1860*

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.

