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.

JAN 8 1937

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

Do not use this space.

43815

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1509

City St. Joseph, (No. 909 South 23 Street St. Ward)

2. FULL NAME Ludwig Pieszak

(a) Residence, No. 909 South 23 Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 14. 1857.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	79	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Jan. 1. 1930

11. Total time (years) spent in this occupation 15 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland

FATHER

13. NAME William Pieszak

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hattie Pieszak 909 So. 23 Str St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt
PLACE St. Joseph, Mo. DATE Dec. 10 1936

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str St. Joseph,

20. FILED Dec 8 1936 H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1936, to Dec 6, 1936

I last saw him alive on Dec 6, 1936. Death is said to have occurred on the date stated above, at 1/55 a.m.

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

	Date of onset
Broncho-pneumonia	Dec 1-36
Other contributory causes of importance:	
Chr. Myocard.	
Senility	

Name of operation None Date of

What test confirmed diagnosis? Clin 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) Frank H. Vantiquair, M. D.

(Address) Kirkpatrick Bldg.