APR 16 1937

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

Do not use this space.

File No. 11675
Registered No. 4

1. PLACE OF DEATH
County: Cole
Township: Moreau
City: Russellville, (No. ..... St. ..... Ward)
Registration District No. 214
Primary Registration District No. 5294

2. FULL NAME Frank Joseph Pittrich

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred: Life mos. ds. How long in U. S., if of foreign birth? 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 Anna Pittrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	3	14	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Brazito, Mo.

FATHER
13. NAME Otto Pittrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo Cole Co.

MOTHER
15. MAIDEN NAME Caroline Reinhardt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Brazito, Mo. Cole. Co.

17. INFORMANT Mrs. Anna Pittrich
(ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Russellville. Mo. DATE 3/18/37 19

19. UNDERTAKER Hugo H. Schubert
(ADDRESS) Russellville, Mo.

20. FILED 3-17 1937 Mrs. Mabel Barber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16/37 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1937, 19..., to Mar. 16, 1937, 19...
I last saw him alive on Mar. 10, 1937, 19... Death is said to have occurred on the date stated above, at 5:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	Don't know
Other contributory causes of importance:	
Encephalitis.	3 Mo.

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy?

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?
If so, specify
(Signed) W. L. Lesley, M. D.
(Address) Russellville, Mo.

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.

JUL 20 1965