

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

Do not use this space.

**DEC 13 1937**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1008**  
 City..... (No. **51 27a Northland**) St. \_\_\_\_\_ Ward \_\_\_\_\_

**39971**

File No. \_\_\_\_\_  
 Registered No. **10958** St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** **James M. Du Piech**

(a) Residence, No. **5127 a Northland** St. **6** Ward. \_\_\_\_\_  
 (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 (or to the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Du Piech**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 4, 1856.**

7. AGE YEARS **81** MONTHS **2** DAYS **22** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired Soda manufacturer**  
 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) **St. Louis, Mo.**

13. NAME **Francis Du Piech**

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

15. MAIDEN NAME **Mary Hugorg**

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

17. INFORMANT **Mary Du Piech**  
 (ADDRESS) **5127a Northland**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary** DATE **Nov. 29, 1937**

19. UNDERTAKER **B. Benlich-Melchior**  
 (ADDRESS) **1139 N. 6th St.**

20. FILE **NOV 27 1937** **J. Predeck**  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 26, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 10, 1937** to **November 26, 1937**

I last saw him alive on **November 26, 1937**. Death is said to have occurred on the date stated above, at **1.0 P.M.**

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

**Myocarditis Chronica**  
**131**  
 Other contributory causes of importance:  
**Chronic Interstitial Nephritis**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Physical** 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) **[Signature]**, M. D.  
 (Address) **4721 N. Elm**

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.

