

REC'D APR 19 1938

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

10432

Do not use this space.

1. PLACE OF DEATH
 (a) County Chariton Registration District No. 175
 2 (b) Township Salisbury Primary Registration District No. 5243 Registered No. 13
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Henry Piltz 432
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missie Piltz
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12 - 1884
 7. AGE YEARS 73 MONTHS 6 DAYS 14 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Mo
 13. NAME John W. Piltz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Anna M. Feasehman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Otis Piltz
 (ADDRESS) Salisbury
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury DATE May 28 1938
 19. FUNERAL DIRECTOR Geo. B. Winkelmyer
 (ADDRESS) Salisbury
 20. FILED 3/26 1938 Hubert Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1937, to March 26 1938
 I last saw him alive on March 26 1938. Death is said to have occurred on the date stated above, at 3:25 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Date of onset Dec 8 1938
 Other contributory causes of importance: arteriosclerosis, nephritis, & other infirmities of old eye
 Name of operation Date of
 What test confirmed diagnosis? 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) E. H. Eichhorn M.D.
 (Address) Salisbury Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE FORM, WITH CHANGING IMPRINTS IS A PERMANENT RECORD
 I X12004

STATEMENT BY LICENSED EMBALMER

Geo B Winkelman Licensed Embalmer No. *2125*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

..... L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed: *Geo B Winkelman*

Licensed Embalmer No. *2125*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)