DEC'D APR 19 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Pascoade
Township Brush Creek
City ..... (No. ..... St. ..... Ward)

Registration District No. 305
Primary Registration District No. 5423

File No. 10695
Registered No. 12

2. FULL NAME Junior Edward Pietraschke 362.
(a) Residence, No. ..... St., ... 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 (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 15-1931

7. AGE: YEARS 6 | MONTHS 2 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——
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): Owensville Mo R#3

FATHER
13. NAME: Emil Pietraschke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Owensville Mo R#3

MOTHER
15. MAIDEN NAME: Clara Katzwitz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Owensville Mo. R#3

17. INFORMANT (ADDRESS): Emil Pietraschke Owensville Mo. R#3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bem Ev. Cemetery Bem Mo DATE 3-13-1938

19. UNDERTAKER (ADDRESS): W.F. Gottenstraeter Owensville Mo

20. FILED 3-17, 1938 J. F. Ferrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-10, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1938, to 3-10, 1938
I last saw him alive on 3-9, 1938 Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Sore throat c resulting Septisemia	2-15-38

Other contributory causes of importance: 115 C

Name of operation: None 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) Charles A Schmidt, M. D.
(Address) Gerald 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.