

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

36395
Do not use this space.

NOV 14 1939

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 411
 (b) Township Joplin Primary Registration District No. 2007 Registered No. _____
 (c) City Galena (d) Street No. 1125 W. Sixth St.
 (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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Peter Braeckel
 (a) Residence, No. 1125 W. 6th 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>65</u>	<u>7</u>	<u>21</u>		

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Superintendent
 9. Industry or business in which work was done, as saw mill, bank, etc. Planing Mill
 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) Levi, Germany

FATHER
 13. NAME Peter Braeckel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Elizabeth Pieslog
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Cecelia Braeckel

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Hope DATE Nov. 3, 1939

19. FUNERAL DIRECTOR (ADDRESS) Shawhill Dillon
Joplin Mo.

20. FILED 11-4 19 39 E. D. James Local Registrar. (Address) 607 Main, Joplin Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1938 to Nov. 1st, 1939
 I last saw him live on Oct. 30, 1939 Death is said to have occurred on the date stated above, at 1:00 PM
 The principal cause of death and related causes of importance were as follows:
Myocarditis, with decompensation (Cardio-vascular-renal disease)
 Date of onset 12-1-38

Other contributory causes of importance:
Glomerular nephritis 10-6-39
Present a year ago, closed up & ruptured

Name of operation None Date of _____
 What test confirmed diagnosis? Lab. 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 Cardiovascular
 (Signed) O. J. Blauke, M. D.
 (Address) 607 Main, Joplin 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.

Blauke

RECEIVED FROM DISTRICT OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 1/6/1989

STATEMENT BY LICENSED EMBALMER

I, David Dillon, Licensed Embalmer No. 3898
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

David Dillon

Licensed Embalmer No. 3898

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.)