FILED MAR 23 1940

R. No. 16 1940
—11-10-39
v. 5-17-39
I X21492

96

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8243

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 537

1. PLACE OF DEATH: Vetrans Admin. Facility.

(a) County St. Louis

(b) City or town Jefferson Barracks Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Vetrans Administration Facility. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11days (Specify whether years, months or days)

In this community 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren

(c) City or town Pendleton (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME PIETZSCHKE, Theodore 320

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charlotte

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 2nd (Day) 1895 (Year)

8. AGE: Years 45 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Pendleton Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Frank Pietzschke

13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Marie Schmidt

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Gov. Records.

(b) Address Veteran's Hospital

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-18-40 (Month) (Day) (Year)

(c) Place: burial or cremation Warrehton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe.

(b) Address 4700 Washington Ave.

19. (a) MAR 16 1940 (Date received for record) (b) C. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th. year 1940 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 3-4-40, 19..., to 3-15-40, 19...; that I last saw him alive on 3-15-40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis with nitrogen retention and edema.	
Due to Diabetes Mellitus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy No.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? Means of injury

23. Signature C. W. Hughes C.M.O. (M. D. or other)

Address Vetrans Admin. Facility. Jefferson Barracks Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

By Rufford

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.