

OCT 12 1940

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

31623
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 125
 (b) Township 11 Primary Registration District No. 3009
 (c) or City 11 (d) Street No. 555 So Middle Registered No. 320
 (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 Henry A. Piltz
 (a) Residence, No. 555 So Middle 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1864

7. AGE YEARS 76 MONTHS 2 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1940 to Sept 21, 1940
 I last saw him alive on Aug 14, 1940 Death is said to have occurred on the date stated above, at 11 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage of the sigmoid
 Date of onset 1939

Other contributory causes of importance: Malastatic carcinoma of the liver 1940

Name of operation None Date of 7/20
 What test confirmed diagnosis? None Was there an autopsy? 7/20

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? 7/20
 If so, specify
 Signed George A. Walker M. D.
 (Address) Cape Girardeau
240

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Attenberg Mo.

FATHER
 13. NAME Henry C. Piltz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Ernestine Lindner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co.

17. INFORMANT (ADDRESS) Mrs R. B. Andrews
Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairmount DATE Sept 23, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walters Und. Co.
Cape Girardeau Mo.

20. FILED 9-21-40 J.M. Thompson
 Local Registrar.

(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.

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.....

P. O. Address.....

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.)

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