5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31198

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 384

1. PLACE OF DEATH:

(a) County St CharlesCo

(b) City or town St Charles (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Josephs Hospital 0 (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town St Louis Co 000 (If outside city or town limits, write "RURAL")

(d) Street No. 8927 Jennings Rd (If rural, give location) 17 8

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME George Pezold

3. (b) If veteran, name war ..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Margareth Pezold 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Aug (Month) 4 Th (Day) 1865 (Year)

8. AGE: Years 77 ----- Months 1--- Days 14- If less than one day ..... hr. ..... min.

9. Birthplace St Louis Co (City, town, or county) 0 (State or foreign country)

10. Usual occupation Truck Gardner

11. Industry or business .....

FATHER
12. Name George Petzold
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name not Knowen
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Rev William Petzold

(b) Address Cotteville Mo 1942

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. (Month) 22 (Day) D (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 Th Str

19. (a) Sept. 21, 1942 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th year 1942 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from 9/8/42 ....., 1942 to 9/19/42, 1942 that I last saw him alive on 9/18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uraemia	1 mo
Due to: Chronic nephritis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131 b

Major findings: Of operations none

Of autopsy .....

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? ..... (e) Means of injury .....

23. Signature B. L. Neukiser (M. D. or other) MD

Address St. Charles Mo Date signed 9/19/42

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Scheumacher

Licensed Embalmer No. 2679

P. O. Address 732 Zumayfery

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, fact should be so stated above.

No. 2B
VI—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31198

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 384

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

1. PLACE OF DEATH:
(a) County: St Charles
(b) City or town: St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis Co.
(c) City or town: St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 8927 Jennings Rd
(If rural, give location)
(e) Citizen of foreign country? No (~~Yes or~~ No)
If yes, name country: No.

3. (a) PRINT FULL NAME: George Pezold
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Aug (Month) 4 (Day) 1885 (Year)
8. AGE: Years 77 Months ..... Days ..... If less than one day: ..... hr. ..... min.
9. Birthplace: St Louis Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)
16. (a) Informant .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) 12-29-42 (Date received local registrar) (b) Clarence G. Werner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day ..... year ..... hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature ..... (M. D. or other)
Address ..... Date signed .....

SUPPLEMENTARY