

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32329

State File No. _____

NOV 6 1942

1003

Registrar's No. 8912

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County. _____

(b) City or town. Saint Louis, Missouri.

(c) Name of hospital or institution: Missouri Baptist Hospital
(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)

3. (a) PRINT FULL NAME. Alvin Austin Pienieng.

3. (b) If veteran, name war. _____ 3. (c) Social Security No. 458-07-7265

4. Sex Male 0 5. Color or race White 3 6. (a) Single, widowed, married, divorced Divorced.

6. (b) Name of husband or wife. Mabel Pienieng 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased. April 22nd, 1883.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 6 1 _____ hr. _____ min.

9. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business _____

MOTHER FATHER { 12. Name Henry L. Pienieng

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Fredericka Meyer

15. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant. Catharine Veggan.
(b) Address 3748 Gravois Ave.

17. (a) Cremation (b) Date thereof Oct. 27, 1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director. Ziegenhain Bros.
6408 Gravois Ave.
(b) Address _____

19. (a) OCT 27 1942 (b) J. F. Briedeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri. (b) County _____

(c) City or town. Saint Louis, 217
(If outside city or town limits, write "RURAL")

(d) Street No. 2624 Franklin Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd,
year 1942. hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from Oct 19 - 20, 1942 Oct 23, 1942
that I last saw him alive on Oct 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus 10 minutes
Followed Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Right and Left lung hemorrhage
Of operations _____
Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature John Hayward (M. D. or other) _____
Address Metropolitan Hotel Date signed 10/27/42

844 (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..... *J. E. Morris*

Licensed Embalmer No. *3360*

P. O. Address *6409 Gravois*

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.