V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39203

Registration District No. 318 JAN 14 1943 Primary Registration District No. 1003 Registrar's No. 97

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PARK LANE Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 28 1

(c) City or town Cuba 0 (If outside city or town limits, write "RURAL") N.R.

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

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

If yes, name country 1

3. (a) PRINT FULL NAME ANNA HENRIETTA PILZ

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W 1

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Walter

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April (Month) 17 (Day) 1895 (Year)

8. AGE: Years 47 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Colorado (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mr. Walter Pilz

(b) Address Cuba Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 (Month) 3 (Day) 43 (Year)

(c) Place: burial or cremation Cuba Mo.

18. (a) Signature of funeral director E. E. Lang

(b) Address Bourbon Mo.

19. (a) JAN 5 1943 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1 year 1943 hour 2 minute 43 A.M.

21. I hereby certify that I attended the deceased from 12-26-43, 19—, to 1-1-43, 19—; that I last saw her alive on 1-1-43, 19—; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic interstitial nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 0

23. Signature [signature] (M. D. or other) M.D.

Address 4930 Lindell Date signed 1-1-43

(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 Howard D. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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.