

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30246

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HERMANN</b>	c. LENGTH OF STAY (In this place) <b>23 YRS</b>	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>HERMANN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>EAST 12th</b>		d. STREET ADDRESS (If rural, give location) <b>EAST 12th</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ALOIS</b>	b. (Middle) <b>ROMAN</b>	c. (Last) <b>PIEZUCH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 29 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 23, 1909</b>	9. AGE (In years last birthday) <b>45</b>	If UNDER 1 YEAR Months Days Hours Min.	If UNDER 2 WEEKS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHOE WORKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SHOE FACTORY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>OWENSVILLE - MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>CASPER PIEZUCH</b>	13b. MOTHER'S MAIDEN NAME <b>FRANCES NOWAK</b>	14. NAME OF HUSBAND OR WIFE <b>OLINDA PIEZUCH</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>488-05-5297</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. OLINDA PIEZUCH, HERMANN, MO.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		<b>72 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c)		<b>20 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1950, to Sept. 29, 1954, that I last saw the deceased alive on Sept 29, 1954, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John J. Ryan M.D.</b>	23b. ADDRESS <b>Hermann Mo.</b>	23c. DATE SIGNED <b>9-29-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-2-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. GEORGE'S CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>HERMANN, MO.</b>
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DATE REC'D BY LOCAL REG. <b>9-30-54</b>	REGISTRAR'S SIGNATURE <b>Delma Herken</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Magost Queen</b>	ADDRESS <b>HERMANN, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0371

03710

2 100

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.....

Student Embalmer No. ....

working under my personal supervision.

*August Palmer*

Signed.....

Student .....  
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address. Herrmann 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.