

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041156

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY <i>St Charles</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>MONTGOMERY</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. CHARLES</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>JONESBURG</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Joseph Hosp. 5 hrs</i>		Length of stay in lb	d. STREET (If outside, give location) ADDRESS <i>0700</i>
3. NAME OF DECEASED (Type or print) <i>EMMA FLORA PIETZSCHE</i>		First Middle Last	4. DATE OF DEATH Month <i>Nov</i> Day <i>7</i> Year <i>58</i>

5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 26 1895</i>	9. AGE (In years last birthday) <i>63</i>	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Warren County Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>PETER WESSEL</i>	13b. MOTHER'S MAIDEN NAME <i>EMILY ZILBITT</i>	14. NAME OF HUSBAND OR WIFE <i>Oscar Pietzschke</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT <i>Oscar Pietzschke Jonesburg Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary Heart Disease & Infection</i>	<i>5 yrs</i>
	DUE TO (c) <i>Coronary Atherosclerosis</i>	<i>?</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Death occurred at <i>Nov. 7, 1958</i> to <i>Nov. 7, 1958</i> and last saw her/him alive on <i>Nov. 7, 1958</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>J. J. Wilson M.D.</i>	22b. ADDRESS <i>1175 Main, St. Charles, Mo.</i>	22c. DATE SIGNED <i>Nov. 12, 1958</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-10-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Warrenton</i>	23d. LOCATION (City, town, or county) (State) <i>Warrenton Mo</i>
24. FUNERAL DIRECTOR <i>C. A. Harding Jonesburg Mo</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Nov. 12-58</i>	26. REGISTRAR'S SIGNATURE <i>Marguerite Wilson</i>

(Licensed Embalmer's Statement on Reverse Side)
NO PERMIT.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 20 1959

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.

Student
Signature of Student Embalmer

Signed *Carl A. Hard*

Licensed Embalmer No. *4115*

P. O. Address *Genealogy*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.