

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE KC

SL 26865

-61-039077

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9692

FILED OCT 26 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY MISSOURI b. COUNTY JEFFERSON
 c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. Length of stay in 1b 6 DAYS
 c. CITY OR TOWN DESOTO Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
 WILLIAM PIESCHEL OCTOBER 19, 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 8-10-99 9. AGE (last birthday) 62 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE WORKER 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HERMAN PIESCHEL 13b. MOTHER'S MAIDEN NAME BARBARA (UNKNOWN) 14. NAME OF HUSBAND OR WIFE ELIZABETH PIESCHEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI 16. SOCIAL SECURITY NO. UNKNOWN 17. INFORMANT Address ELIZABETH PIESCHEL, DESOTO, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) CARDIOVASCULAR FAILURE INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
 DUE TO (b) CEREBRAL VASCULAR ACCIDENT 6 DAYS
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 331x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 10-13-61 to 10-19-61 and last saw him alive on 10-19-61
 Death occurred at 6:55 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph P. Schaefer, M.D. M.D. 22b. ADDRESS VAH, ST. LOUIS, MO. 22c. DATE SIGNED 10-19-61

23a. BURIAL, CREMATION, REINTERMENT (Specify) Burial 23b. DATE 10/23/61 23c. NAME OF CEMETERY OR CREMATORY CALVARY 23d. LOCATION (City, town, or county) (State) DE SOTO - MO

24. FUNERAL DIRECTOR MAHN Funeral Home De Soto, MO ADDRESS 25. DATE RECD. BY LOCAL REG. OCT 20 1961 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

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

Wald J. Mahony

Licensed Embalmer No. 49175

P. O. Address De Soto, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.