WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23014

File No.
Registered No. 6696

1. PLACE OF DEATH

County
Registration District No. 791
Township
Primary Registration District No. 1003
City St. Louis City Hospital (No. 4168 Clayton St., Ward 25)

2. FULL NAME Archie Piper

(a) Residence. No. 4168 Clayton St., Ward 25 (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 1847

7. AGE: Years 79 | Months 8 | Days 22. | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

PARENTS

10. NAME OF FATHER: Archie Piper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Julia Lyle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: City Hospital Information
(Address): City Hospital

15. FILED JUL 23 1927, 19.... Mary B. Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1927

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1927 to July 20, 1927, that I last saw him alive on July 20, 1927, and that death occurred, on the date stated above, at 7.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. pulm. tuberculosis
T3,4

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

31

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Edmund R. Shepard, M. D.
7/31, 1927 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Hope — DATE OF BURIAL: 7/23 1927

20. UNDERTAKER: Gerthen — ADDRESS: 7318 S. Broadway

Refer