

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

Do not use this space.
Dr. Friedman
File No. **33528**
Registered No. **102**
St. _____ Ward _____

1. PLACE OF DEATH
County St. Louis Registration District No. 318
Township _____ Primary Registration District No. 5439
St. Louis (No. 102)
2. FULL NAME Mary C. Pieper
(a) Residence. No. # 5 St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Pieper</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 24 - 1844</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ___ hrs. or ___ min.
<u>86</u>	<u>0</u>	<u>0</u>	<u>6</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housewife</u>				
(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) <u>Germany</u>				
PARENTS	10. NAME OF FATHER <u>John Appelt</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	12. MAIDEN NAME OF MOTHER <u>John Appelt</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>				
14. INFORMANT <u>Mrs. J. A. Stelzig</u> (Address) <u>102 St. Louis # 5</u>				
15. FILED <u>1-1</u> , 19 <u>24</u> <u>For Sharp</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30th 1924

17. I HEREBY CERTIFY, That I attended deceased from 10/27, 1924, to 10/30, 1924, and that I last saw him alive on 10/30, 1924, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Senility

162
164

CONTRIBUTORY (SECONDARY) 164
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. Friedman, M. D.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St. Marys Cem</u>	DATE OF BURIAL <u>11-1</u> 19 <u>24</u>
20. UNDERTAKER <u>Franklin P. Sawyer</u>	ADDRESS <u>St. Louis</u>

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.

