

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

Do not use this space.

21349

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
Township..... Primary Registration District No. **1738**  
City **St. Louis** (No. **4407**, Fair **108**)

File No.....  
Registered No. **5907**  
St..... Ward)

**2. FULL NAME**

(a) Residence, No. **4407 Fair Ove** St. **19** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) **Married**  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna L. Pieper (Schmier)**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 13, 1864**  
7. AGE YEARS **67** MONTHS **10** DAYS **9** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **Cabinet Maker**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **28**  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

13. NAME **Frank F. Pieper**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Caroline Bremer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mrs. Anna L. Pieper** (ADDRESS) **4407 Fair Ove**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns** DATE **June 25, 1932**

19. UNDERTAKER **Wm. H. Hermon** (ADDRESS) **3181 East Fair Ove**

20. FILED **LN 23 153** **W. O. Stanley** Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 22, 1932**  
22. I HEREBY CERTIFY, That I attended deceased from **March 14, 1932, to June 22, 1932**  
I last saw h. .... alive on **June 26, 1932**. Death is said to have occurred on the date stated above, at **3:30 p.m.**  
The principal cause of death and related causes of importance were as follows:

Date of onset  
**Chronic nephritis**  
**131**  
**73A**  
**131**  
Other contributory causes of importance:  
**Acute myocarditis**

Name of operation **none** Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **no** Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. -  
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify.....  
(Signed) **Dean Robert Hermon**, M. D.  
(Address) **3407 N. 4th St.**

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.

