

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

Do not use this space.

OCT 5 1936

791

35765

1. PLACE OF DEATH

County..... Registration District No. **1008**
Township..... Primary Registration District No.....
City **St. Louis** (No. **Lutheran Hospital**)

File No.....
Registered No. **9386**
St. Ward)

2. FULL NAME Nathaniel P. N. Pieper

(a) Residence, No. 8613 Elgin - St., N.R. Ward. St. Louis Co., Mo.
(Usual place of abode) (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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 1, 1877**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
59	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Bookkeeper.**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **/**

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) **Missouri**

13. NAME **Joseph Pieper**

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

15. MAIDEN NAME **Caroline Ponzin**

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

17. INFORMANT **Ida Pieper**
(ADDRESS) **8613 Elgin**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Pauls Chyd.** DATE **Sept. 12, 1936**

19. UNDERTAKER **John L. Ziegenhein & Sons**
(ADDRESS) **7027 Gravois Avenue**

20. FILED **SEP 12 1936** **J. T. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 9, 1936.**

22. I HEREBY CERTIFY That I attended deceased from Aug. 12, 1935, to Sept. 9, 1936

I last saw him alive on Sept. 9, 1936. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

Central Strangulated Intestinal Hernia

Other contributory causes of importance: **Chronic Coronary Myocarditis with Mitral Regurgitation**

Name of operation **Laparotomy** Date of **9-9-36**

What test confirmed diagnosis? **Regulation** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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) **W. L. Stans**, M. D.
(Address) **4531 Virginia Ave**
St Pauls Mo

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.

