

REC'D FEB 10 1939

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

575

Do not use this space.

575

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Peace Hospital Registered No. 575
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Waterloo Ave St. NR Waterloo, Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 1 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Over home
10. Date deceased last worked at this occupation (month and year) Jan 1939 11. Total time (years) spent in this occupation 34 yrs.

12. BIRTHPLACE (CITY OR TOWN) Waterloo
(STATE OR COUNTRY) Ill.

FATHER 13. NAME Adam Schmieder

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

MOTHER 15. MAIDEN NAME Mary Schmidt

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

17. INFORMANT (ADDRESS) John J. Pieper
Waterloo, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waterloo, Ill. DATE Jan 18, 1939

19. FUNERAL DIRECTOR (ADDRESS) Wm. J. Baldern
East St. Louis, Ill.

20. JAN 18 1939 J. D. Brulick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 4, 1939, to Jan 18, 1939
I last saw him alive on Jan 18, 1939. Death is said to have occurred on the date stated above, at 1:30 p.

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

Adeno Carcinoma of the Right Breast

Date of onset

Other contributory causes of importance:
Carcinoma metastasis to Ribs Bones
Terminal Pneumonia, Liver

Name of operation _____ 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? _____ 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? _____

If so, specify _____

(Signed) John J. Pieper, M. D.

(Address) 607 N. Broad

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 *me*

Ben H. Baldurini, Registered Apprentice No. _____
working under my personal supervision.

Signed *Ben H. Baldurini*

Licensed Embalmer No. *2420*

P. O. Address *E. St. Louis St.*

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 this body is not embalmed, above space should be left blank.