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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3053

FEB 17 1941

Registration District No. 425

Primary Registration District No. 5580

Registrar's No. 14-60

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Eureka, ~~Rural~~  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Josephs Hill Infirmary 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs 11 mo.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 50  
(c) City or town Tulsa  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1804 E. 16th Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME Frank M. Piester

(b) If veteran, name war No (c) Social Security No. No.

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
7. Birth date of deceased Feb. 2 1852  
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Tailor, Retired

11. Industry or business

MOTHER FATHER { 12. Name Nicholas Piester  
13. Birthplace Germany  
14. Maiden name Don't know  
15. Birthplace Don't know

16. (a) Informant St. Jos. Hill Inf.  
(b) Address Eureka, Mo Rt 3

17. (a) 6. St. Louis 21 (b) Date thereof Jan 6, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation East St. Louis

18. (a) Signature of funeral director East St. Louis  
(b) Address E. St. Louis

19. (a) 4 Jan 1941 (b) Jessie A. Towson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 4th year 1941 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from Feb 19, 1938, to Jan 4, 1941, that I last saw him alive on Jan 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3010  
While at work? (Specify type of place) (e) Means of injury

23. Signature Jessie S. Sargent (M. D. or other) MD  
Address Eureka, Mo. Date signed 2-4-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Jahor P. Cangl*

Licensed Embalmer No. *2269*

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

**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, fact should be so stated above.**

APR 10 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2053  
Registrar's No.

Registration District No. 425

Primary Registration District No. 2580

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH  
(a) County Jefferson  
(b) City or town Meramec T.P.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Frank M. Priester  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex m 5. Color or race W  
6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife  
6. (c) Age of husband, or wife, if alive years  
7. Birth date of deceased Feb 2 1852  
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 29  
If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER  
12. Name  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant  
(b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Jan 1941 (Date received local registrar)  
(b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State (b) County  
(c) City or town (If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH month Jan day 4  
year 1941 hour minute M.  
21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw h alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature Jesse S. Sargent (M. D. or other)  
Address Date signed

SUPPLEMENTARY

