S. No. 2
d—9-4-41
r. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 20 1942 791

Registration District No. 1003

Primary Registration District No.

State File No. 9077

Registrar's No. 3281

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2628 S. 18th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9

(c) City or town St. Louis, 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2628 S. 18th Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Helena Pieper

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theo.

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased October (Month) 11, (Day) 1866 (Year)

8. AGE: Years 75 Months 6 Days 0 If less than one day hr. min.

9. Birthplace Hanover (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Suren
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Don't know
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Theodore Pieper
(b) Address 2628 S. 18th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, '42 (Month) (Day) (Year)
(c) Place: burial or cremation SS. PETER & PAUL

18. (a) Signature of funeral director John H. Gebken Sons
(b) Address 2630 Gravois

19. (a) APR 12 1942 (Date received local registrar) (b) J. F. Budecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1942 hour 1: minute A. M.

21. I hereby certify that I attended the deceased from January 3, 1941, to April 11, 1942 that I last saw her alive on 4-10-42, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic nephritis

Due to

Other conditions old age
(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? — (Specify type of place)

While at work? — (e) Means of injury — 0

23. Signature Bernard Plock (M. D. ~~or other~~)

Address 3527 Osage Alois, Mo Date signed 4-11-42

844 (Licensed Embalmer's Statement on Reverse Side)

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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.