. S. No. 2
1—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 644

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 276

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: 1452 Hamilton Ave.,
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1452 Hamilton Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

000 17 9 6

3. (a) PRINT FULL NAME Mary Pieper.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John G. Pieper

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug. 15, 1849.
(Month) (Day) (Year)

8. AGE: Years 93 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant John G. Pieper
(b) Address 1452 Hamilton Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) JAN 11 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10 year 1943 hour 7.45 minute A.M. M.

21. I hereby certify that I attended the deceased from December 14, 1942, to January 9, 1943; that I last saw her alive on January 4, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis — Duration 1 dy
Due to Chronic Myocarditis — 5 yr.
Valvular heart disease
Due to Arteriosclerosis — 20 yr.
Other conditions (Include pregnancy within 3 months of death) 95
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. Harold A. Poe (M. D. or other) 100
Address 1506 Hodiamont Date signed 1/11/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. Poe
Wellston Bldg.

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.....

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave

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

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