

FILED MAR 2 1943

Registration District No. **312**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
en route to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
12

(c) City or town **St. Louis** **9/6**
(If outside city or town limits, write "RURAL")

(d) Street No. **3202a Cherokee St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Charles F. Piper**

3. (b) If veteran, name war **World War #1**

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Frances**

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

7. Birth date of deceased **2/15/1893**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	11	29	hr. _____ min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business _____

MOTHER FATHER

12. Name **John A. Piper,**

13. Birthplace **New Orleans La.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Floerschinger**

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

16. (a) Informant **Leo L. Piper**

(b) Address **3193 Portis**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **2/17/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Olda SSPeter & Paul**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**

(b) Address **4016 Chippewa St.**

19. (a) **FEB 16 1943** (Date received local registrar)

J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **14th**
year **1943** hour **8:45** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis.**

Due to _____

Due to **9/4**

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature **W. H. Perry** (M. D. or other)

Address _____ Date signed **2/16/43**

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

Ernest W. Spillars

Licensed Embalmer No.

4080

P. O. Address

3747 Dunnicliffe

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.