#36588

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39707

FILED DEC 27 1944 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10641

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17 6

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

(d) Street No. 5841A Cote Brilliante Ave.,
(If rural, give location)

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

3. (a) PRINT FULL NAME John G. Pieper

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Pieper

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

7. Birth date of deceased Aug. 15, 1870.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	3	27	hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

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

MOTHER
14. Maiden name Gertrude Kester
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Pieper
(b) Address 5350 Gladstone Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14/44
(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) DEC 13 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th
year 1944 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from 12/8/44
, 19 , to Dec. 12th 1944
that I last saw him alive on Dec. 12th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

Due to 107

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Lung abscess Fracture Bronchopneumonia

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 Ew Czebrinski (M. D. or other)
Address 1515 Lafayette Date signed 12/12/44

(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.....

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 with the above constitutes grounds for revocation of license.)

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