

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21359

FILED JUN 19 1945

Registration District No. 399

Primary Registration District No. 2007

Registrar's No. 1178

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7255 Princeton 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

3. (a) PRINT FULL NAME Alma S. Pieper

3. (b) If veteran, name war None 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 Dr. William H. Pieper 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 30 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 10 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Casper Detering

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

14. Maiden name Sophie Schmidt

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

16. (a) Informant Dr. William H. Pieper

(b) Address 7255 Princeton Ave.

17. (a) Burial (b) Date thereof 5/22/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director M. B. ...

(b) Address 2117 E. Grand Blvd.

19. (a) MAY 22 1945 (b) E. B. McEwan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7255 Princeton Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1945 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 19/1944  
1944 to May 17 1945  
that I last saw her alive on May 17 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver  
Rectum

Duration 2 yrs

Due to \_\_\_\_\_  
Due to Fracture of R. femur  
46 d

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Cystostomy  
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 disease or injury)  
(c) \_\_\_\_\_

23. Signature Danuck Miller (M. D. or other) \_\_\_\_\_  
Address 818 Olive St Date signed 5/19/45

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

6  
3  
5

Dr. D. T. Miller  
Rural Crown Bldg

G.A.

MAR 11 1948

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

*Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.