

FILED JAN 25 1946
 318

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **284**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3200a Cherokee St.
(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 **Emma Pieper**

3. (b) If veteran, name war: **--**
 3. (c) Social Security No. **489-10-7553a**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Ernest**
 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **July 24, 1880**
(Month) (Day) (Year)

8. AGE: Years **65** Months **5** Days **15**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Home**

11. Industry or business _____

12. Name **August Nordman**
 13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Ohlert**
 15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alma Pieper**
 (b) Address **3200a Cherokee St.**

17. (a) Burial **Bethany Cemetery** (b) Date thereof **1/12/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **Wacker-Heldule**
 (b) Address **3634 Travis Ave.**

19. (a) **JAN 10 1946** (b) **J. J. Predeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0-20**
 (c) City or town **St. Louis** **10/7**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3200a Cherokee St.** **9**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **8**
 year **1946** hour **3** minute **05** p. m.

21. I hereby certify that I attended the deceased from **July 20**
1945, to **Jan 8**, 19**46**
 that I last saw him alive on **1-8-46**, 19**46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Sperrymyelogenous Leukemia**
 Duration **yr.**

Due to _____

Due to _____

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

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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) (e) Means of injury

23. Signature **J. J. Predeck** (M. D. or other) **MD**
 Address **3112 W. Grand** Date signed **1/14/46**

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

Bindbeutel

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 C Wheeler

Licensed Embalmer No. 2128

P. O. Address Moore Mo.

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.