

FILED MAR 5 7 1946

Registration District No. 03

Primary Registration District No. 6047

Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Plum Hill (Assessor)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Charles
(c) City or town Plum Hill Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Wentzville Route 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Theodore Joseph Pieper

3. (b) If veteran name war 3. (c) Social Security No.

4. Sex Male 5. Color W race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary R. Pieper 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 12 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 23 If less than one day hr. min. 0

9. Birthplace Plum Hill (City, town, or county) (State or foreign country) 0

10. Usual occupation Farming

11. Industry or business
12. Name Theodore Pieper
13. Birthplace Germany
14. Maiden name Sophia Pelligrino
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary R. Pieper
(b) Address Wentzville Route 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6 1946
(Month) (Day) (Year)
(c) Place: burial or cremation Plum Hill Mo

18. (a) Signature of funeral director P. E. Pittman
(b) Address Wentzville Mo

19. (a) Feb 16 1946 (Date received local registrar) (b) Mrs. J. Lewis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th year 1946 hour Seven minute A.M.

21. I hereby certify that I attended the deceased from January 30th 1946 to February 3rd 1946 that I last saw him alive on February 3rd 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 108
Of autopsy

Duration 9 days

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 1

23. Signature W. C. Schroeder (M. D. or other) D.P.
Address Wentzville Mo. Date signed 2/6-46

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

5874

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 3-24-46

1025-117

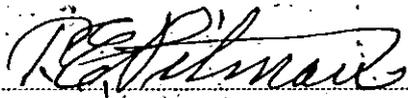
STATEMENT BY LICENSED EMBALMER

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. 2711

P. O. Address _____

Wentzville, 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.