

S. No. 2
M-5-43
5-17-39
X36671

FILED FEB 29 1946

Registration District No. Primary Registration District No. 1003 Registrar's No. 1239

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

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:
2819 Norwood 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ooc
(c) City or town St. Louis #6/17
(If outside city or town limits, write "RURAL")
(d) Street No. 2819 Norwood Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Clarence Piel
3. (b) If veteran, name war Nil
3. (c) Social Security No. 498-01-4856

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 1
year 1946 hour 5:00 minute P. M.

4. Sex Male -5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie M. Piel
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased November 5 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-23-46 to 2-2-46
that I last saw him alive on 2-1-46
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 2 26 hr. min.

Immediate cause of death Carcinoma (Esophagus)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) H6

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

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name John Henry Piel
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anne Boovis
15. Birthplace Unknown Norway
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Nellie M. Piel
(b) Address 2819 Norwood Ave.
17. (a) Burial (b) Date thereof 2-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

23. Signature (Specify type of place) (c) Address of injury
While at work
Signature (M. D. or other) Date signed

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) FEB 5 1946 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

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

Bluno R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.