

FILED JUN 23 1948

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution.....
8612 Halls Ferry Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

(c) City or town..... **St. Louis.**
(If outside city or town limits, write "RURAL") **17**

(d) Street No..... **8612 Halls Ferry Road**
(If rural, give location) **9**

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

3. (a) PRINT FULL NAME..... **Henry A. Piper**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **None**

4. Sex..... **Male** 5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Josephine Piper**

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

7. Birth date of deceased..... **April 27, 1864**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day..... **11** year..... **1947** hour..... **9:2** minute..... **45 A.M.**

21. I hereby certify that I attended the deceased from..... **March 5** 19**47** to..... **June 11** 19**47**.
that I last saw him alive on..... **June 11** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic myocarditis** **2 yrs**
934

8. AGE: Years..... **83** Months..... **1** Days..... **14** If less than one day..... hr..... min.....

Due to.....

Due to.....

Other conditions..... **Arterio-sclerosis** **5 yrs P**
(Include pregnancy within 3 months of death)

9. Birthplace..... **New Orleans La.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired Merchant**

PHYSICIAN.....

Underline the cause of which death should be charged statistically.

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name..... **Charles Piper**

13. Birthplace..... **new Orleans La.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **New Orleans La.**
(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.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature..... **Eugene L Arnold** (M. D. or other) **M.D.**
Address..... **1449 Mc Laran** Date signed..... **6/11/47**

16. (a) Informant..... **Mrs. Clara Brown**

(b) Address..... **8612 Halls Ferry Road**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **6/14/47**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Old S.S. Peter & Paul Cem**

18. (a) Signature of funeral director..... **Stroot - Carroll**

(b) Address..... **4600 Natural Bridge Ave**

19. (a) **JUN 13 1948** (Date received local registrar) (b) **J. J. Prudeak** (Registrar's signature)

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

MOTHER FATHER

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.

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.