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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2954

FILED JAN 16 1948

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 179

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

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: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5532 Natural Bridge 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Bess K. Pieper

3. (b) If veteran, name war None

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased August 8, ~~1948~~ 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	4	30	..... hr. ..... min.

9. Birthplace Winchester, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Registered Nurse

11. Industry or business .....

FATHER
12. Name Henry Pieper
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Green
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Winifred Stuart
(b) Address Winchester, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-7-48
(Month) (Day) (Year)
(c) Place: burial or cremation Winchester, Illinois

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 E. Fair Ave.

19. (a) JAN 7 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1948 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug. 1, 1947 to Jan 7, 1948 that I last saw her alive on Jan. 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Embolism — Duration: 17 days

Due to: Rh. H. disease, mitral stenosis — 2 years

Other conditions (Include pregnancy within 3 months of death) 92

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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? ..... Means of injury .....

23. Signature [signature] (M. D. or other) MD

Address Humboldt Bldg. Date signed 1/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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. 4202

P. O. Address St. Louis 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.