

S. No. 2
1-1/47
7-5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7429**
Registrar's No. **415**

Registration District No. **327**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **"Rural Wellston"**
(c) Name of hospital or institution: **St. Vincent's Sanitarium**
(d) Length of stay: **5 months 27 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **University City**
(d) Street No. **523 N. Bemiston Ave.**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **MRS. JULIA PIPER**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **13** year **1948** hour **9:45** minute **A.M.**
21. I hereby certify that I attended the deceased from **Aug. 16, 1947** to **Feb. 13, 1948**
that I last saw her alive on **Feb. 12, 1948** and that death occurred on the date and hour stated above.

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Frank H. Piper** 6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **Dec. 16 1878**

Immediate cause of death
Bronchopneumonia
Hypertensive cardiovascular
Cerebral thrombosis
Other conditions:
(Include pregnancy within 3 months of death)

8. AGE: Years **74** Months **2** Days **3** If less than one day **br. min.**

9. Birthplace: **St. Louis Missouri**

10. Usual occupation **Housewife**

11. Industry or business
12. Name **Henry Muhlman**
13. Birthplace **Unknown**
14. Maiden name **Sophia Muhlman**
15. Birthplace **Unknown**

PHYSICIAN
Major findings:
Of operations **93d**
Of autopsy

16. (a) Informant **Son - Mr. Vernon Piper**
(b) Address **523 N. Bemiston, University City**
17. (a) **burial.** (b) Date thereof **2/16/48**
(c) Place: burial or cremation **St. John's Cemetery.**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **no** (c) Means of injury **no**
23. Signature **P. E. Pugh** (M. D. or other)
Address **5385 Waterman** Date signed **2-12-48**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**
(b) Address **#7233 Delmar Blvd.**
19. (a) **2-14-48** (b) **Carl J. Slapnick**
(Date received local registrar) (Registrar Signature)

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

MOTHER FATHER

96
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0

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.....

Raymond L. Morris

Licensed Embalmer No.....

4330

P. O. Address.....

Maplewood, 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.