

No. 2
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X47070

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27404

Registration District No. 305

Primary Registration District No. 6047

Registrar's No. 9

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Flint Hill Mo
(If outside city or town limits, write "RURAL" and name of township)

(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 ✓

In this community live (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles

(c) City or town Flint Hill Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Edmer Peter Pieper

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Viola Pieper

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Sept. 1 1906
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>11</u>	<u>9</u>	hr. min.

9. Birthplace Flint Hill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Theodore Pieper

13. Birthplace Josephville Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ort

15. Birthplace Odd Monroe Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Pieper

(b) Address Flint Hill Mo

17. (a) Burial (Burial, cremation, or removal) _____ (b) Date thereof 8 12 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Flint Hill Mo

18. (a) Signature of funeral director Wentzville Mo

(b) Address Wentzville Mo

19. (a) 8/13/48 (b) Mar. Pieper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended ~~the deceased~~ held inquest
8/9/48, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death rifle wound

Due to self inflicted
Jury's verdict

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

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) suicide

(b) Date of occurrence Aug. 9th, 1948

(c) Where did injury occur? Flint Hill-St. Chas. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? NO (Specify type of place) 22 rifle
(c) Means of injury wound

23. Signature Marvin Pieper (M. or O. or other)
Address Wentzville Mo Date signed 8/9-48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed AUG 16 1948

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 P. C. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville

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.