

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39001**
Registrar's No. **2-883**

FILED DEC 4 1948
Registration District No. **577**

Primary Registration District No. **4467**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Valley Park (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R. R. #1 Box 333
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **87 years**
years, months or days

3. (a) PRINT FULL NAME **Ferdinand H. Piel**
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 **Widowed**
6. (b) Name of husband or wife **Wilhelmina** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 24 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	6	12	hr. _____ min. _____

9. Birthplace **Franklin County Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired**

MOTHER, FATHER

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

16. (a) Informant **Ferd Piel**
(b) Address **R.R. #1 Valley Park, Mo.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11/8/48**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Johns Cemetery**
Ellisville, Mo.

18. (a) Signature of funeral director **Louis R. Bopp, Inc.**
(b) Address **131 W. Argonne Dr., Kirkwood**
19. (a) **11-7-48** (Date received local registrar) (b) **Charles J. Sharp, MD** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Valley Park**
(If outside city or town limits, write "RURAL")
(d) Street No. **R. R. #1 Box 333**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **6** year **1948** hour **5** minute **-** A.M.
21. I hereby certify that I attended the deceased from **Nov 5 1948** to **Nov 5 1948**
that I last saw him alive on **Nov 5 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremic priapism**
Due to **nephritis**
Due to **Senility 1316**
Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____
Duration **Uncertain**
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) _____
(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 **Charles J. Sharp, MD** (M. D. or other) **MD**
Address **Valley Park, Mo.** Date signed **11/6/48**

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

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..... *Felix Howard*.....
Licensed Embalmer No. *3034*.....
P. O. Address. *Kirkwood 22*.....

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.