

No. 3007
M-10-47
7-5-17-39
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FEDERAL SECURITY AGENCY :

National Office of Vital Statistics

FILED JAN 11 1949

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41749
10867

Registration District No.

Primary Registration District No.

1003

Registrar's 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:
2849 Osceola St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County own

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

(d) Street No. 2849 Osceola St.,
15 (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME FRANK H. PIEPER,

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th
year 1948 hour 6: minute 30 P. M.

21. I hereby certify that I attended the deceased from 7:15 1948 to Dec 14th 1948
that I last saw him alive on Dec 14 1948
and that death occurred on the date and hour stated above.

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

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

6. (b) Name of husband or wife Rose E. Pieper,

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 21, 1893
(Month) (Day) (Year)

Immediate cause of death Malignant Neoplastic Process Duration 3 weeks

8. AGE: Years Months Days If less than one day

| | | | |
|-----------|----------|-----------|----------------------|
| <u>55</u> | <u>2</u> | <u>23</u> | hr. _____ min. _____ |
|-----------|----------|-----------|----------------------|

Due to heart-cholesterol

Due to malignant neoplastic process 18 1/2

9. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

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

10. Usual occupation Butcher,

Major findings: Of operations _____

11. Industry or business Pieper Market,

Of autopsy _____

12. Name Theodore Pieper,

PHYSICIAN _____

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

14. Maiden name Helen Meyer,

15. Birthplace Germany,
(City, town, or county) (State or foreign country)

16. (a) Informant Rose E. Pieper,

(b) Address 2849 Osceola St.,

17. (a) Burial, (b) Date thereof 12/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery,

(d) Address 2842 Meramec St.,

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address _____

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 J. B. Larate (M. D. or other) M.D.

Address 2844 Osceola Date signed 12/17/48

WRITE PLAINLY—USE 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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Loren C. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.