

FILED FEB 23 1949

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Registrar's No. 1164

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No. 1164	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 5.6 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3700 Connecticut				d. STREET ADDRESS (If rural, give location) 3700 Connecticut St.			
3. NAME OF DECEASED (Type or Print) Emilia		a. (First)		b. (Middle)		c. (Last) Pippert	
4. DATE OF DEATH (Month) (Day) (Year) February 5, 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH August 24, 1892		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Vincent Pippert		13b. MOTHER'S MAIDEN NAME Emilia Hohmann		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Annie Pippert, 3700 Connecticut			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis - chronic.					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chorea - Chronic -					
		DUE TO (c)					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-2, 1949, to 2-5, 1949, that I last saw the deceased alive on 1-3, 1949, and that death occurred at 5:25 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John R. Remler M.D.				23b. ADDRESS 1504 So Grand St. St. Louis, Mo.		23c. DATE SIGNED 2-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Febr. 7, 1949		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. FEB 7 1949		REGISTRAR'S SIGNATURE J. B. Loran		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc. 1936 St. Louis Ave.			

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

Dr. John Hume  
Grand + Parks  
2-5 P.M.

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Walter Paulson*

Licensed Embalmer No. *4119*

P. O. Address *1936 1/2 Ave C*

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.