

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21392

State File No. ....

FILED JUN 29 1951

5533

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5533</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hosp</b>				d. STREET ADDRESS (If rural, give location) <b>4119 S. Compton Ave</b>			
3. NAME OF DECEASED (Type or Print) <b>FLORA</b>		a. (First)		b. (Middle)		c. (Last) <b>Piel</b>	
4. DATE OF DEATH <b>6 17 1951</b>		(Month)		(Day)		(Year)	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>7-17-1864</b>	
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR <b>11</b> Months		IF UNDER 1 YEAR <b>-</b> Days		IF UNDER 1 HRS. <b>-</b> Hours <b>-</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>MATHIAS Piel</b>		13b. MOTHER'S MAIDEN NAME <b>BARBARA BASH</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Bernadine Geddings</b> ADDRESS <b>4119 S. Compton</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocardial Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. <b>Cardiac 3 hours with acute</b> Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21f. HOW DID INJURY OCCUR? <b>H22, 2</b>			
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"/>		22. I hereby certify that I attended the deceased from <b>July 4, 1948</b> , to <b>6/17, 1951</b> , that I last saw the deceased alive on <b>6/17, 1951</b> , and that death occurred at <b>4:15 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Paul M. Smith M.D.</b> (Degree or title)		23b. ADDRESS <b>4145 So. Grand</b>		23c. DATE SIGNED <b>6/18/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>6-20-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>JUN 19 1951</b>		REGISTRAR'S SIGNATURE <b>J B Rosser</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wingbermuehle</b> ADDRESS <b>3819 S. Grand</b>			

WRITE PLAINLY--USING 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 \_\_\_\_\_

working under my personal supervision.

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

Student .....  
Student Embalmer

Signed

*Geo. W. Hughesmunkle Jr.*

Licensed Embalmer No. *4611*

P. O. Address *St. Louis, 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.