

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21611

FILED JUN 30 1952

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) St. Charles		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Old Monroe 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) *****			

3. NAME OF DECEASED (Type or Print) Frank		a. (First) b. (Middle) C.		c. (Last) Pieper		4. DATE OF DEATH (Month) (Day) (Year) June 25 1952	
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5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 15 1877		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Old Monroe Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Theo. Pieper			13b. MOTHER'S MAIDEN NAME Bals.			14. NAME OF HUSBAND OR WIFE Mary Pieper		
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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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clem Pieper O'Fallon Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Gangrene left foot.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes, Generalized arteriosclerosis, myocardial infarct - old.					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION June 23-52		19b. MAJOR FINDINGS OF OPERATION Gangrene left foot - amputation - mid thigh.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from June 9, 1952, to June 25, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 4:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vincent A. Schneider M.D.		23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED 6/25/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28/52		24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Old Monroe Mo.	
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DATE REC'D BY LOCAL REG. 6-28-52		REGISTRAR'S SIGNATURE Fannie Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed Kerth O'Fallon Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed _____

E. K. Keith

Signed.....
Student Embalmer

Licensed Embalmer No. *827*

P. O. Address *Dallas 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.