

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6787**

FILED MAR 1 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 407

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hts.		c. CITY OR TOWN Kirkwood	
c. LENGTH OF STAY (In this place) 5 Days		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 10341 Manchester Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) C. c. (Last) PIEPER			4. DATE OF DEATH (Month) (Day) (Year) Feb. 14 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH April 23, 1888		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Jansen		13b. MOTHER'S MAIDEN NAME Elizabeth Prange		14. NAME OF HUSBAND OR WIFE Late Arthur Pieper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-10-7528B		17. INFORMANT'S SIGNATURE OR NAME Emma M. Jansen ADDRESS 4932 Lindenwood	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus; rt. iliac artery			INTERVAL BETWEEN ONSET AND DEATH 1 day
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial degeneration arteriosclerosis			2 yrs
		DUE TO (c) Arteriosclerosis general			8 yrs
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of stomach with generalized metastases			1 yr.

19a. DATE OF OPERATION 2/14/55		19b. MAJOR FINDINGS OF OPERATION Clot at bifurcation of internal and external iliac artery, right - also carcinoma of stomach - generalized metastases		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 151X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Dec 29, 1954, to Feb 14, 1955, that I last saw the deceased alive on Feb 14, 1955, and that death occurred at 7:40 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ch. Gackelman M.D.		23b. ADDRESS 2615 Brentwood Blvd		23c. DATE SIGNED Feb 16, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 17, 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			

DATE REC'D BY LOCAL REG. 2-16-55		REGISTRAR'S SIGNATURE Hubert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edwin A. M. Demuth*

Licensed Embalmer No. 302

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.