

STANDARD CERTIFICATE OF DEATH

State File No. **10060**
Registrar's No. **1899**

FILED MAR 18 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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 OR TOWN SSt. Louis)		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		STREET ADDRESS (If rural, give location) 23 2650a California 2236	
3. NAME OF DECEASED (Type or Print) a. (First) Adolph		b. (Middle)	c. (Last) Piel
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	4. DATE OF DEATH (Month) (Day) (Year) Feb 27 55
8. DATE OF BIRTH Apr 20, 1903	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Red Bud Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Fred Piel		13b. MOTHER'S MAIDEN NAME Caroline Eggerding	14. NAME OF HUSBAND OR WIFE Myrtle Piel
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. 337-18-0770	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Piel 2650a California
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) Generalized metastatic Sarcoma ANTECEDENT CAUSES DUE TO (b) Reticulum-Cell Sarcoma of Retro-peritoneal lymph glands 3 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION Feb. 1952		19b. MAJOR FINDINGS OF OPERATION Oct. 1953 - Large cystic mass of Neoplasm in peritoneal cavity.	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2000	
22. I hereby certify that I attended the deceased from 2/14 , 1955, to 2/26 , 1955, that I last saw the deceased alive on 2/26 , 1955, and that death occurred at 9:24 m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or Title) Charles G. Obermeyer M.D.		23b. ADDRESS 3103 Arsenal St.	23c. DATE SIGNED 2/28/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-1-55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Red Bud Ill
DATE REC'D BY LOCAL REG. FEB 28 1955	REGISTRAR'S SIGNATURE Charles Smith mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington	

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 *J W Dinkley*.....
Licensed Embalmer No. *365*.....
P. O. Address *St Louis*.....

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.