

FILED APR 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10061

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1003

State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 2797

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN <u>Saint Louis</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Saint Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5091 Milentz</u>		STREET ADDRESS (If rural, give location) <u>2 5091 Milentz</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theophil</u> b. (Middle) <u>B</u> c. (Last) <u>Pieper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 26 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-30-1881</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
11a. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>Natl</u>	
13a. FATHER'S NAME <u>John Pieper</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Ott</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Pieper 5091 Milentz</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-01-2894A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ida Pieper 5091 Milentz St. Louis, Mo.</u>
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) <u>Ch. cardio - vas. heart disease hyperten.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. NATURE AND FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>260X</u>	
22. I hereby certify that I attended the deceased from <u>2-9-55</u> , 19 <u>55</u> , to <u>3-20-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3/20/55</u> , 19 <u>55</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. C. Hoffmeister</u>		23b. ADDRESS <u>4523 S Kings Highway</u>	23c. DATE SIGNED <u>3-21-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-29-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAR 28 1955</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. HOFFMEISTER COLONIAL MORTUARY</u> <u>6464 Chippewa St. St. Louis, Mo</u>	

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 *James C Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. B.

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.