Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015544
STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 2791

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST LOUIS, Inside Limits Yes [X] No [ ]

c. CITY OR TOWN ST LOUIS, Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) FAITH HOSPITAL Length of stay in 1b

d. STREET ADDRESS (If outside, give location) 4279 MARGARETTA AVE Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First EMMA Middle Last PIEL

4. DATE OF DEATH Month Day Year MARCH 17, 1959

5. SEX FEMALE 1

6. COLOR OR RACE WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ] 2

8. DATE OF BIRTH DEC, 27, 1890

9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLES STEINHOFF

13b. MOTHER'S MAIDEN NAME LYDIA ALENA

14. NAME OF HUSBAND OR WIFE FRANK PIEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT ANNA STEINHOFF Address 2573 a W. HEBERT ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ruptured Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Old Coronary Heart Disease — 5 years

DUE TO (c) Arteriosclerotic Heart Disease — 5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ] 1

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 12 1954, to 3-17-59 and last saw her/him alive on 3-17-59
Death occurred at 10 55 Am. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. Lawton (Degree or title) MD 0

22b. ADDRESS 3400 N. Kingshighway

22c. DATE SIGNED 3-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 3/20, 1959

23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI

24. FUNERAL DIRECTOR STROOT - CARROLL ADDRESS 4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG. MAR 19 '59

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Rec Lawton
Inv 5-1050
Ent 1-0341

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 ..... Signed M W Rueter
Signature of Student Embalmer

Licensed Embalmer No. 4865
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.