

**IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-029929**

FILED VS SEP 14 1959 264

Registration District No. 264 Primary Registration District No. \_\_\_\_\_ Registrar's No. 37 STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>        </u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Big Creek Twp.</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OR HOSPITAL OR INSTITUTION <u> Hwy 160</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>729 E. Clarence Avenue</u>

3. NAME OF DECEASED (Type or print) First <u>Harriett</u> Middle <u>W</u> Last <u>Piel</u>			4. DATE OF DEATH Month <u>September</u> Day <u>5</u> Year <u>1959</u>			
---	--	--	--	--	--	--

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-10-1913</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>        </u> Days <u>        </u>	IF UNDER 24 HR Hours <u>        </u> Min. <u>        </u>
----------------------	-------------------------------	---	-----------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary to President</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Food Equipment Co</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis County, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Frank A. Piel</u>	13b. MOTHER'S MAIDEN NAME <u>Emma B. Behrendt</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>        </u>	17. INFORMANT Address <u>Mrs. Emma B. Piel, 729 E. Clarence Avenue</u>
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
IMMEDIATE CAUSE (a) <u>Broken Neck Skull Fracture</u>		
DUE TO (b) <u>Fractures of Arms &amp; legs</u>		
DUE TO (c) <u>        </u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car Wreck</u>
--	--	---

20c. TIME OF INJURY Hour <u>2:15</u> p.m. Month, Day, Year <u>9-5-59</u>
---

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 160</u>	20f. CITY, TOWN, OR LOCATION <u>Big Creek Twp</u> COUNTY <u>Ozark</u> STATE <u>Mo.</u>
---	---	--

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 4:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>John R. Usrey</u> (Degree or title) <u>Cornet</u>	22b. ADDRESS <u>Sainsville Mo.</u>	22c. DATE SIGNED <u>9-6-59</u>
--	------------------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Sept 10, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
--	--------------------------------	--	---

24. FUNERAL DIRECTOR <u>Math Hermann &amp; Son, Inc.,</u> ADDRESS <u>2161 E. Fair Ave</u>	25. DATE RECD. BY LOCAL REG. <u>9-12-59</u>	26. REGISTRAR'S SIGNATURE <u>Thana Mahan</u>
---	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

21 1935

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clement McGeary

Licensed Embalmer No. 3732

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.