

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030702

FILED VS SEP 4 1959

Registration District No. Primary Registration District No. Registrar's No. 2 7821 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis c. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. City Hospital Adkins & Delor

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY c. CITY OR TOWN St. Louis d. STREET ADDRESS (If outside, give location) 4535 Varrelman

3. NAME OF DECEASED (Type or print) First Middle Last Mary Pieper

4. DATE OF DEATH Month Day Year August 23, 1959

5. SEX F.

6. COLOR OR RACE W.

7. Married [] Never Married [x] Widowed [] Divorced []

8. DATE OF BIRTH 11/16/1886

9. AGE (last birthday) 73 - 72

IF UNDER 1 YEAR Months 9 Days 7

IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Anthony Pieper

13b. MOTHER'S MAIDEN NAME Margaret Erkelein

14. NAME OF HUSBAND OR WIFE

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. 488-03-0070

17. INFORMANT Address Mr. Conrad Pieper, 4535 Varrelman Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis (b) General Arteriosclerosis (c) 420.1

INTERVAL BETWEEN ONSET AND DEATH

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

PART III. If deceased was female was there a pregnancy in last 90 days. [] Yes [x] No [] Unknown

19. WAS AUTOPSY PERFORMED? YES [] NO [x]

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 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 6-29-59 to 8-23-59 and last saw her alive on 8-25-59 Death occurred at 6 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. Mertlein MD (Degree or title)

22b. ADDRESS 3507 Poloma

22c. DATE SIGNED 8-24-59

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

23b. DATE Aug. 26, 1959

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Arthur J. Somell 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG. AUG 24 '59

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

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

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 *W. M. Sabin*

Licensed Embalmer No. 469

P. O. Address 3840

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.