

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 13 1960

=60-017229

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4685

STATE FILE NUMBER

|  |                                  |   |  |  |   |  |   |
|--|----------------------------------|---|--|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis, Missouri</b>   |                                  |   | Length of stay in 1b                                     |  | c. CITY OR TOWN <b>St. Louis</b>                                    |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis City H osp # 1</b>   |                                  |   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |   | d. STREET ADDRESS (If outside, give location)<br><b>6827 Michigan</b>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Charles</b> Middle <b>P.</b> Last <b>Piar</b>  |                                  |   |  | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>1</b> Year <b>1960</b>   |   |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>Nov. 1, 1918</b>                  | 9. AGE (last birthday)<br><b>41</b>  | IF UNDER 1 YEAR<br>Months <b>8</b> Days <b>0</b>                    | IF UNDER 24 HR<br>Hours <b>0</b> Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Carpenter</b>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Selfemployed</b> |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                              |
| 13a. FATHER'S NAME<br><b>Peter Piar</b>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Eva Marshall</b>         |  |   | 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)<br><b>Yes 2nd. W. War</b>   |                                  |   | 16. SOCIAL SECURITY NO.<br><b>492-01-2823</b>            |  | 17. INFORMANT<br><b>Henry Hackman 4504 Miami</b>                    |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hemorrhage from esophageal varices</b><br>DUE TO (b) <b>Cirrhosis of liver and hepatic failure</b><br>DUE TO (c) <b>581.0</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  |   |  |  |   |  | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | 20a. ACCIDENT <input 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.)                           |   |  |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  |                                  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 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 <b>4-24-60</b> to <b>5-1-60</b> and last saw her/him alive on <b>5-1-60</b><br>Death occurred at <b>8:56 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |                                  |   |  |  |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>William Donald Richardson M.D.</b>  |                                  |   |  | 22b. ADDRESS<br><b>1515 Lafayette Avenue</b>   |   |  | 22c. DATE SIGNED<br><b>5-1-60</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                  | 23b. DATE<br><b>May 4, 1960</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, County, Mo.</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>Schumacher's 3013 Meramec St.</b>   |                                  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 3 1960</b>  |   | 26. REGISTRAR'S SIGNATURE<br><i>W. D. Smith M.D.</i>   |   |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Jack Haupt

Licensed Embalmer No. 4742

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.