

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3919 STATE FILE NUMBER

**1. PLACE OF DEATH**  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 9 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hospitals, Inc. Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY \_\_\_\_\_  
 c. CITY OR TOWN St. Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 4510 Minnesota Ave. Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First Henry Middle W. Last Pieper  
**4. DATE OF DEATH** Month April Day 22 Year 1961

**5. SEX** Male **6. COLOR OR RACE** White **7. Married**  **Never Married**   
**Widowed**  **Divorced**   
**8. DATE OF BIRTH** 12-11-1879 **9. AGE (last birthday)** 81  
**IF UNDER 1 YEAR** Months \_\_\_\_\_ Days \_\_\_\_\_ **IF UNDER 24 HR** Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Farmer - Retired  
**10b. KIND OF BUSINESS OR INDUSTRY** Farming  
**11. BIRTHPLACE** (City and state or country) St. Louis, Mo.  
**12. CITIZEN OF WHAT COUNTRY** U S A

**13a. FATHER'S NAME** William Pieper **13b. MOTHER'S MAIDEN NAME** Caroline Sprick  
**14. NAME OF HUSBAND OR WIFE** Anna C.

**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.** \_\_\_\_\_ **17. INFORMANT** Miss Melba Pieper 4510 Minnesota ave. Address \_\_\_\_\_

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Encephalomalacia, rt. hemisphere INTERVAL BETWEEN ONSET AND DEATH 3 days  
 DUE TO (b) Atherosclerosis  
 DUE TO (c) 332x

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a) Nephrosclerosis, Mitral stenosis  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED?** YES  NO   
**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** April 14, 1961 to April 22, 1961 and last saw him alive on April 22, 1961  
 Death occurred at 3:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) Island E. Hosts M.D. **22b. ADDRESS** 4909 Lindbergh **22c. DATE SIGNED** 4/23/61

**23a. BURIAL, CREMATION, OR REMOVAL** (Specify) Removal **23b. DATE** 4-25-1961  
**23c. NAME OF CEMETERY OR CREMATORY** St. Pauls Cemetery **23d. LOCATION** (City, town, or county) (State) Oakville St. Louis Co. Mo.

**24. FUNERAL DIRECTOR** C. Hoffmeister Mortuaries - St. Louis, Mo. **ADDRESS** \_\_\_\_\_ **25. DATE RECD. BY LOCAL REG.** APR 25 1961  
**26. REGISTRAR'S SIGNATURE** Lead Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 John S. Demme  
Licensed Embalmer No. 41940  
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.