

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3263

1. PLACE OF DEATH

County..... Registration District No. 491
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No.) City Sanitarium St. Ward

File No. 1037
 Registered No. 1037

2. FULL NAME

William Pieper
 (a) Residence, No. 1513 Chestnut St., 13 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 62 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---|---|------------------|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Nellie Pieper</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 24, 1869</u> | | | | |
| 7. AGE | YEARS <u>62</u> | MONTHS <u>3</u> | DAYS <u>6</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Metal Polisher</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown 36</u> | | | |
| | 10. Date deceased last worked at this occupation (month and year) <u>unknown</u> | | | |
| | | | | 11. Total time (years) spent in this occupation <u>unknown</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u> | | | | |
| FATHER | 13. NAME <u>Henry Pieper</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Germany</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Mary Schell</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, West Virginia</u> | | | |
| 17. INFORMANT (ADDRESS) <u>Wm R Summers, 5300 Arsenal</u> | | | | |
| 18. BURIAL, CREMATION OR REMOVAL PLACE <u>Columbus</u> DATE <u>2/2 3/1</u> | | | | |
| 19. UNDERTAKER (ADDRESS) <u>Southern, 6320 S. Grand Blvd</u> | | | | |
| 20. FILED FEB - 1 1932 19 <u>Wm R Summers</u> Registrar. | | | | |

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1928, to Jan. 30th, 1932
 I last saw him alive on Jan. 29th, 1932. Death is said to have occurred on the date stated above, at 5:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1 yr.
930
83
 Other contributory causes of importance: Epilepsy 930
11-5-28

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) Wm R Summers, M. D.
 (Address) 5300 Arsenal

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

