

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

33913
Do not use this space.

NOV 15 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 3
 (b) Township St. Louis Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. East Boston City Hospital # 1 Registered No. 8899
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

160 WILLIAM F. PIEPER,
 (a) Residence, No. 2119 East Gano Avenue St. 9
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Pieper (Keeping)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Milk Wagon Driver
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Henry Pieper
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Charlotte Hampe
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Harold Tettenhorst 2231a Angelica Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE Oct. 14, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math Hermann & Son 2161 East Fair Avenue

20. Oct 12 1938 19 J. T. Bredeck Local Registrar.

No Autopsy Certificate

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h..... alive on..... 19____. Death is said to have occurred on the date stated above, at 10:40 in P. M.
 The principal cause of death and related causes of importance were as follows:

Hemorrhage of Brain
apoplexy
Chronic Myocarditis
 Other contributory causes of importance:

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

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? No
 If so, specify _____
 (Signed) Alfred W. Perry
 (Address) Deputy Coroner

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.

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

Registered Apprentice No., working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110 5*

P. O. Address *St. Louis, Mo.*

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 this body is not embalmed, above space should be left blank.