

Registration District No. 791

Primary Registration District No. 1003

5152

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mo. Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

8. (a) PRINT FULL NAME Charles Peter. Piker  
8. (b) If veteran, name war Unknown  
3. (c) Social Security No. 702-09-8236

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Effie  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Feb. 12 1879  
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Terre Haute Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Section Foreman

11. Industry or business Mo. Pac. R. R?

MOTHER FATHER { 12. Name John Piker  
18. Birthplace Terre Haute Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Anderson  
15. Birthplace Terre Haute Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Piker  
(b) Address Bald Knob, Arkansas  
17. (a) Removal (b) Date thereof 6-12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Russell, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.  
19. (a) JUN 12 1940 (b) J. F. Bredich  
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County \_\_\_\_\_  
(c) City or town Bald Knob N.R.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Box 67  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1940 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from April  
1st 1940, to June 12 1940  
that I last saw him alive on June 12 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis & uremia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Charles Joseph Roberts (M. D. or other)  
Address Mo. Pac. Hospital Date signed 6-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5152  
5152

**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

*Albert W. Kapp*

Licensed Embalmer No. 1861

P. O. Address.....

**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.