

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

331840 ✓  
State File No. \_\_\_\_\_  
Registrar's No. 1737

Registration District No. 784 Primary Registration District No. 117

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Oakland Park Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether 9 days)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mamie P Pieper  
3. (b) If veteran, name war no  
3. (c) Social Security No. None

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Christian  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased Apr 5 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 5 6 hr. min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name C Reichman

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Pattel

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Pattel

(b) Address Valmeyer Ill

17. (a) Removal (b) Date thereof 9-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Ill

18. (a) Signature of funeral director Eg Schneider

(b) Address Columbia Ill

19. (a) SEP 12 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Monroe  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11  
year 1940 hour 11:40 minute A M.

21. I hereby certify that I attended the deceased from Sept 2, 1940  
\_\_\_\_\_, 1940, to Sept 11, 1940;  
that I last saw her alive on Sept 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Infarct  
Duration 15 min

Due to Coronary Artery Disease ?

Due to arteriosclerosis + Hypertension ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: [Signature]  
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? 751

While at work? \_\_\_\_\_ (Specify type of place)  
(f) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 1

Address 916 Mo. Thru Bldg Date signed 9/12/40

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

APR 20 1980

**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 Heward P Rowland

Licensed Embalmer No. 3114

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, fact should be so stated above.