

FILED JUL 13 1943

Registration District No. **318**

Primary Registration District No. **1003**

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:
3114 Gore Ave. *St. Paul Hosp*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3114 Gore Ave** **St. Paul Hospital**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Ide C. Piel**

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, **Widowed**

6. (b) Name of husband or wife **William Piel** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **November 3, 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 1 ..hr. ..min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

MOTHER FATHER { 12. Name **Jobst Henry Sewing**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Charlotte Bruns**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Elmer N. Piel**
(b) Address **6407 Handbine Court.**

17. (a) **Burial** (b) Date thereof **July 7, 1943.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zion Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz Funeral**

(b) Address **4828 Natural Bridge Blvd. Home.**

19. (a) **JUL 6 1943** (b) **J. F. Predeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**,
year **1943** hour **2:07** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 28, 1943** to **July 4, 1943**
that I last saw him **July 7, 1943** alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes** Duration **5 yrs.**

Due to.....
Due to..... **61**

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **Of operations**
Of autopsy.....
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) (e) Means of injury.....

23. Signature **A. H. Sewing** (M. D. or other) **M.D.**
Address **2742 N. Louisiana** Date signed **7/5/43**

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

John A. Miller
St. L. Mo.

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 *John A. Miller*
Licensed Embalmer No. *4186*
P. O. Address *St. L. 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.