

FILED FEB 7 1944

State File No. \_\_\_\_\_

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 390

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL, St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. State Hospital No. 42  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr. 13 das.  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve  
(c) City or town Weingarten  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZABETH PIPER

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 John A. Piper 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased November 3, 1871  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 21 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name August Floerchinger  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4  
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 12-28-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Peter & Paul Cem

18. (a) Signature of funeral director Albert H. Hoppe, Inc.  
(b) Address St. Louis, Missouri

19. (a) JAN. 24, 1944 (b) Dyrdie Buhmet  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24,  
year 1943 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from  
December 11, 1942 to December 24, 1943  
that I last saw her alive on December 24, 1943, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Atherosclerosis - generalized and marked

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: Stroke  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy No autopsy

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?  
St. Louis, Mo.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
Signature Samuel L. Houtman, D. (M. D. or other)  
Address Farmington - Mo. Date signed 12/24/43

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

74  
0

91

Duration  
1 yr.  
1 yr.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

FEB 7 1944

RECEIVED

District Health Officer No. 4  
District File Number 144-3266  
Date Filed 2-4-44

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.....

*me* Registered Apprentice No.....

working under my personal supervision.

Signed *C. Hozean*.....

Licensed Embalmer No. *4084*.....

P. O. Address *Surmington, Va*.....

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.