V. S. No. 2
00M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32682

Registrar's No. 9334

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES 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 2 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, Mo.
(c) City or town Richmond Heights, (If outside city or town limits, write "RURAL")
(d) Street No. 1116 Blendon Place. (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY ANN PIANT.

3. (b) If veteran, name war ----------
3. (c) Social Security No. ----------

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife John Robert Piant.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 23, 1857. (Month) (Day) (Year)

8. AGE: — Years 87. Months 0. Days 8. If less than one day hr. min.

9. Birthplace Kellerton, Iowa. (City, town, or county) (State or foreign country)
10. Usual occupation At Home.
11. Industry or business

FATHER
12. Name William H. Campbell.
13. Birthplace Unknown Kentucky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Merle Fitch.
(b) Address 1116 Blendon Place.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11/3/44. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.
18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Blv'd.
19. (a) NOV 2 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1 year 44 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from 10-29-, 1944, to 11-1, 1944 that I last saw her alive on 11-1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarct

Due to Arteriosclerotic heart disease

Due to Arteriosclerosis, general

Other conditions Cerebral arteriosclerosis, (Include pregnancy within 3 months of death)

Marked lumbo/sacral kyphosis

Major findings: Of operations Due to tuberculosis, pulmonary, healed.

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged sta-

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 11/1/44

(Licensed Embalmer's Statement on Reverse Side)

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, 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.