

No. 300  
1-10-47  
5-17-39  
I 3906

FILED MAY 26 1948

**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Bethesda Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County oac  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1113 McGirk 9  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Rose Piening

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 Married

6. (b) Name of husband or wife Otto J. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 2 1880  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 16  
 year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-24-1948  
 \_\_\_\_\_, 1948, to 5-16, 1948;  
 that I last saw her alive on 5-15-, 1948  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
68 3 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Colon and Liver Duration  
 Due to Carcinoma Ovaries  
 Due to Primary in Ovary

Other conditions H/O  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

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

MOTHER { 12. Name William Robe  
 FATHER { 13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Maria Huettepohl  
 15. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Piening  
 (b) Address 4631 Tieman Ave.

17. (a) (b) Date thereof 5/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wacker-Weldende  
 (b) Address 3634 Gravois Ave.  
MAY 18 1948

19. (a) (b) (c) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

Major findings: Carcinoma of Ovary, Colon & Liver PHYSICIAN  
 Of operations \_\_\_\_\_  
 -Of autopsy None  
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 John Stewart (M. D. or other) \_\_\_\_\_  
 Address 4960 Maryland Date signed 5/17/48  
J. Stewart

**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 Robert C. Wheeler

Licensed Embalmer No. 2128

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.**