

FILED JUL 5 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 21534

318

1003

Registrar's No. 5349

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri.				b. COUNTY D-1	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 60yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4234 Maffitt Avenue				f. STREET ADDRESS (If rural, give location) 4234 Maffitt Avenue,				7	
3. NAME OF DECEASED (Type or Print) Sarah			a. (First)		b. (Middle)		c. (Last) Pieper		
4. DATE OF DEATH (Month) (Day) (Year) June 19 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH May 10, 1873	
9. AGE (in years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Stanton Illinois.		12. CITIZEN OF WHAT COUNTRY? U S A		13. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Stanton Illinois.		12. CITIZEN OF WHAT COUNTRY? U S A		13. IF UNDER 1 YEAR Months Days	
13a. FATHER'S NAME John Perks			13b. MOTHER'S MAIDEN NAME Bridget O'Brien			14. NAME OF HUSBAND OR WIFE Bernard Pieper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Agnes Pieper				ADDRESS 4234 Maffitt	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension and DUE TO (c) General Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 2 mos. yrs. yrs.	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Accident c Left Hemiplegia						3 yrs.	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H500							
22. I hereby certify that I attended the deceased from July 5, 1946, to June 19, 1949, that I last saw the deceased alive on January 19, 1949, and that death occurred at 7:30 P. M., from the causes and on the date stated above.									
23a. SIGNATURE Arthur Simonsen M.D.				(Degree or title)		23b. ADDRESS 2202 University St.		23c. DATE SIGNED 6/20/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 22, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 21 1949 J. B. Pascoe		25. FUNERAL DIRECTOR'S SIGNATURE Brookland and Co.		ADDRESS 1827 Hogan St.					

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Guy W. Wilkerson

Licensed Embalmer No.

3575

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.