

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3164

State File No. ....

BIRTH NO. FILED JAN 19 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2610 Euclid</u>		d. STREET ADDRESS (If rural, give location) <u>2610 Euclid</u>	

3. NAME OF DECEASED (Type or Print) <u>David</u>			a. (First)		b. (Middle)		c. (Last) <u>Piper, Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1, 1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Nov. 18, 1864</u>			9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>	IF UNDER 12 HRS. Hours <u>13</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Veterinarian</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>				11. BIRTHPLACE (City and State or Foreign Country). <u>Troy, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	

13a. FATHER'S NAME <u>Abner Piper</u>		13b. MOTHER'S MAIDEN NAME <u>Unavailable - Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Cornelia Piper</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David Piper, Jr., 2610 N. Euclid</u>		ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <u>Imp. Old Age</u>					
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>4214</u>	
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22. I hereby certify that I attended the deceased from Aug. 1950 to Dec 31, 1953 that I last saw the deceased alive on Dec 31, 1953 and that death occurred at 9P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Samuel D. Stebbins</u>		23b. ADDRESS <u>2605 Franklin</u>		23c. DATE SIGNED <u>1-1-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/6/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>JAN 4 1954</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates</u>		ADDRESS <u>4107 Finney</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

**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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldene

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.