FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30362
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2057

1. PLACE OF DEATH a. COUNTY St Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hgts — Inside Limits Yes # No ☐	c. CITY OR TOWN Charlack Overland 4260 — Inside Limits Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Marys — Length of stay in 1b 1 da	d. STREET ADDRESS (If outside, give location) 8925 Windom — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last PIEL		4. DATE OF DEATH Month Day Year Aug 18 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Aug 17 1957
9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours 12 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) Richmond Hgts Mo	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John R Piel		14. MOTHER'S MAIDEN NAME Anna Mae Booth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Address John R Piel Overland Mo	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Pulmonary Immaturity

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Premature Birth

DUE TO (c) Placenta Previa Centralis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7615

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/17/57, to 8/18/57 and last saw her/him alive on 8/17/57
Death occurred at 4.00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Roy V. Boedeker M.D.	22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED 8/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/19/57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St Louis Mo		
24. FUNERAL DIRECTOR Ortmann F Home — ADDRESS Overland Mo 9222 Lackland	25. DATE RECD. BY LOCAL REG. 8-18-57	26. REGISTRAR'S SIGNATURE Herbert R Donohe M.D. asc

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Boedeker 2909 Bellerive

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Al C. Ostmann

Licensed Embalmer No. 3.

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.