MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020852

STATE FILE NUMBER 4797

Registration District No. XC-19 316 169 Primary Registration District No. SL 7353 Registrar's No. 1003

FILED MAY 23 1962 318

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	81207		
3	27		
4	0		
5	1		
6			
7	1		
8	1		
9			
10			
11			
12	83-0		
13			

83

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand St. Louis, Mo
Length of stay in 1b: 15 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Vet. Adm. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY
c. CITY OR TOWN: Edwardsville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 207 W. Dunn
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First OLIVER Middle G. Last PIPER
4. DATE OF DEATH: Month May Day 9 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-1-96
9. AGE (last birthday): 65
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Excavator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Warden, Ill.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Oliver Piper
13b. MOTHER'S MAIDEN NAME: Alice Lamb
14. NAME OF HUSBAND OR WIFE: Anna E. Piper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.
17. INFORMANT: Anna E. Piper (Wife) Address: Add. as 2 above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: METASTATIC ADENOCARCINOMATOSIS FROM COLON
IMMEDIATE CAUSE (a): METASTATIC ADF
INTERVAL BETWEEN ONSET AND DEATH: 7 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 153.8
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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. VA attended the deceased from 4-24-62, to 5-9-62 and last saw him alive on 5-9-62
Death occurred at 3:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: GILLIS E. DESMARAIS (Degree or title): M. D.
22b. ADDRESS: VAH St. Louis, Missouri
22c. DATE SIGNED: 5/9/62

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-11-62
23c. NAME OF CEMETERY OR CREMATORY: Valley View
23d. LOCATION (City, town, or county) (State): Edwardsville Ill
24. FUNERAL DIRECTOR: Weber Funeral Home ADDRESS: Edwardsville
25. DATE RECD. BY LOCAL REG.: MAY 10 1962
REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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_____
Signature of Student Embalmer

Signed Philip H Weber

Licensed Embalmer No. 4985

P. O. Address Edwardsville Ill

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

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