MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 28591
Registered No. 8124

1. PLACE OF DEATH

County ..... Registration District No. 781
Township ..... Primary Registration District No. 1003
City St Louis (No. 1812 4 Gallon St. ..... Ward)

2. FULL NAME Clara Pierce

(a) Residence. No. ..... St., 25 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Divorced

5A. IF ~~MARRIED, WIDOWED~~, OR DIVORCED
~~HUSBAND~~ OF
(OR) WIFE OF Edward Pierce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1883

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 day, ... hrs. or ..... min.
44	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Phillip Wagner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Mary Friday
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT Rose Mueller
(Address) 4636 Page Blvd

15. FILED SEP 13 1927 Mary C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1927, to Sept 11, 1927, that I last saw h. alive on Sept 10, 1927, and that death occurred, on the date stated above, at 950 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Consumption of Lungs
2 yr
(duration) 1 yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Wm P Donovan, M. D
Sept 11, 1927 (Address) 1943 N 11th St

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*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Picker — DATE OF BURIAL 9-13 1927

20. UNDERTAKER Arthur J. Donnelly — ADDRESS 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] THIS IS A PERMANENT RECORD