

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

Do not use this space.

42562

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 11008

Registered No. 11803

City St. Louis Mo - St. Louis Children's Hosp - 500 So. Kingshighway Inf. Ward

2. FULL NAME Hape Pierson

(a) Residence. No. Rd. of Children's Hosp. 945 St. Louis 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 Female 4. COLOR OR RACE White 5. SINGLE/MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-14-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
2 21 00 00

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None 157
(b) General nature of industry, business, or establishment in which employed (or employer) 876
(c) Name of employer 63

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

10. NAME OF FATHER Edward S Pierson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) South Carolina
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Adell May

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas
(STATE OR COUNTRY)

14. INFORMANT L. Keshik
(Address) 500 So. Kingshighway

15. FILED 1928 W. C. Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-3-1928

17. I HEREBY CERTIFY That I attended deceased from 12-2-1928 to 12-3-1928 that I last saw her alive on 12-13-1928, and that death occurred, on the date stated above, at 151

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Defect (Prematurity)
Statis Media, Acute

(duration) yrs. mos. ds. 7

CONTRIBUTORY Rickets -
(SECONDARY)

(duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Phys Exam

(Signed) George S Little M. D.

12-3-1928 (Address) St Louis Children's Hosp.

*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 DATE OF BURIAL

Zion's Cemetery 12-5-1928

20. UNDERTAKER ADDRESS

Wichmann David 1905 Union

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

