

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

Do not use this space.

18096

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. ....)

Registration District No. 791  
Primary Registration District No. 1003  
3824 So. Compton Avenue.

File No.....  
Registered No. 5254  
St. .... Ward)

**2. FULL NAME**

William R. Pierce.

(a) Residence. No. 3824 So. Compton Avenue. 16 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4, 1862.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	67	8	24.	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Wool-grader.  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Warsaw,  
(STATE OR COUNTRY) Illinois.

10. NAME OF FATHER Charles Pierce.

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

12. MAIDEN NAME OF MOTHER Dont Know.

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

14. INFORMANT Oscar Pierce  
(Address) 3824 So. Compton Avenue.

15. FILED MAY 29 1930 Max C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from May 17<sup>th</sup> 1930, to May 28<sup>th</sup> 1930 that I last saw him alive on May 28<sup>th</sup> 1930, and that death occurred, on the date stated above, at 7 P.M. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Ascension of Bacteria 7 PM  
516

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Rephritis Cronic (urina)

(duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. Howard Hospital.

DID AN OPERATION PRECEDE DEATH? yes DATE OF May 27<sup>th</sup> 1930

WAS THERE AN AUTOPSY? no Dr. J. H. Small

WHAT TEST CONFIRMED DIAGNOSIS microscopic

(Signed) Walter H. Meyer M. D.

May 29 1930 (Address) 4661<sup>st</sup> Longview Ave.

\*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 Sunset Burial Cemetery DATE OF BURIAL May 30, 1930.

20. UNDERTAKER St. Gebken L & Co. ADDRESS 2842 Meramec.

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.

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5/28

1800