

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

Do not use this space.

3433

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **10113**
City **St. Louis** (No. **1223**) **Childress**

File No.....
Registered No. **663**
St..... Ward.....

2. FULL NAME

Edward Ignazio Pierce
(a) Residence. No. **1223** **Childress** St., **4** Ward.

(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) **Child**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 25 1925**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 **2** **22**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Child**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER **Robt E Pierce**

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

12. MAIDEN NAME OF MOTHER **Alie Spaulden**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

14. INFORMANT **Robert E Pierce**
(Address) **1223 Childress**

15. FILED **JAN 17 1931**
W. H. Barker REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **1-16 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 10 1931** to **Jan 16 1931**
that I last saw him alive on **Jan 16 1931**, and that death occurred, on the date stated above, at **5:30 A.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever
Diphtheria
100% (duration) yrs. mos. **6** da.
CONTRIBUTORY (SECONDARY) **Diphtheria**
(duration) yrs. mos. **2** da.

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

19. DID AN OPERATION PRECEDE DEATH? **no.** DATE OF.....

20. WAS THERE AN AUTOPSY? **no.**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Examination**
(Signed) **E. R. Driffels**, M. D.
11/31/19 (Address) **1022 Mo. Bldg - St. Louis**

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery** **DATE OF BURIAL** **1-19 1931**

20. UNDERTAKER **Kriegshauser & Co. Manchester**
ADDRESS **4104**

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.

On Schedule
8:30-9:30

City Records

11320