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.

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

Do not use this space.

38716

File No.

Registered No. 10537

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Ward)

2. FULL NAME Frank Pierce

(a) Residence, No. 2610 (Usual place of abode) Dayton St., 21 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12-1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn.

FATHER

13. NAME Alfred Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn.

17. INFORMANT (ADDRESS) Mr Pierce City Hosp # 2, 2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickelman DATE 12-8 33 19

19. UNDERTAKER (ADDRESS) A. F. Walters 2737 Gravois

20. FILED 12-8 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23 — 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-22 —, 1933, to 11-23 —, 1933

I last saw him alive on 11-23 —, 1933. Death is said to have occurred on the date stated above, at 7:50 P.M.

The principal cause of death and related causes of importance were as follows:

Strangulated Inguinal Hernia (RD) with gangrene of bowel 126 & 125 — Date of onset 11-22-33

Other contributory causes of importance: Constipation? gangrene? bowel

Name of operation Strangulated Inguinal Hernia Date of 11-22-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. G. Johnson, M. D.

(Address) City Hosp. # 2.