

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

Do not use this space.

NOV 21 1934

**1. PLACE OF DEATH**

County St. Louis Registration District No. 824  
Township W. Commercial Primary Registration District No. 6076  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 38218

Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Mary Pierce W. Commercial St., Mo. 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 F 4. COLOR OR RACE W 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) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General House Work

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

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) Mo

13. NAME Simone Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.D.

15. MAIDEN NAME U.D.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.D.

17. INFORMANT W. B. Powell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE CO Farm DATE Oct 23 1934

19. UNDERTAKER None (ADDRESS)

20. FILED 10-23-1934 Frank Hyde MD Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934, to Oct 22 1934  
I last saw her alive on Oct 22 1934 Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Infection  
Erysipelas Infections  
Cellulitis (Chual)  
Dermatitis  
Other contributory causes of importance: 15 R  
Date of onset Jan 24

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) W. T. Guly \_\_\_\_\_, M. D.

(Address) Commercial, Mo.

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.

