WHITE PAPER, 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.

NOV 2 1935

791

31390

1003

8229

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 8229

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. St Lukes Hospital St. ..... Ward)

2. FULL NAME Clifford C. Peirce

(a) Residence, No. Warwick Hotel St. Ward. 25
(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: Male

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anne E. C. Peirce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2-1861

7. AGE: YEARS 74 | MONTHS X | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Philadelphia Penn

FATHER

13. NAME Caleb Peirce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Chester Penn

MOTHER

15. MAIDEN NAME Susan Darlington

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

17. INFORMANT Anna E. C. Peirce
(ADDRESS) Warwick Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cemetery DATE Oct 1, 1935

19. UNDERTAKER C. R. Lupton & Sons
(ADDRESS) 4449 Olive St.

20. FILED SEP 30 1935 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1935, to Sept 29, 1935

I last saw him alive on Sept 29, 1935. Death is said to have occurred on the date stated above, at 3:15 p.m.

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

	Date of onset
Coronary Thrombosis	9/29/35
Hypertrophy of Prostate	9/15/35
& Urinary Obstruction	

Other contributory causes of importance:
Arteriosclerosis, general

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical exam 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) Louis Becker, M. D.

(Address) 3720 Washington

3720 Washington
Jeff 8498
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