

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

15782
 Do not use this space.

REC'D MAY 6 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 101 Registered No. 763
 (c) City Clayton, Mo. (d) Street No. #7475 York Drive St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Reuben Edward Pierce 620
 (a) Residence, No. #7475 York Drive St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Fannie S. Pierce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81. 2. 2. 2. 45 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Methodist Minister
 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) Rickfield, Illinois

FATHER 13. NAME Benjamin R. Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN Kentucky

MOTHER 15. MAIDEN NAME Elizabeth Church

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN Kentucky

17. INFORMANT (ADDRESS) Mrs Chas. R. Stahn, #7475 York Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. Edwardsville, Mo. April 30, 1938

19. FUNERAL DIRECTOR (ADDRESS) P. R. Rupton & Son, #4449 Olive Street

20. FILED 4-29 1938 Wm. H. Taylor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934 to Aug 1, 1936
 I last saw him alive on Aug 1, 1936. Death is said to have occurred on the date stated above, at 4:35 p.m.

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

Myocardial infarction (coronary thrombosis)
(Myocardial infarction, senile)
(N.O. Unusual body about 5 min after death occurred)

Date of onset 4-27-38

Other contributory causes of importance:
Hypertension, arterial 135/90
Emphysema
Brachitis

Present 1934

Name of operation _____ Date of _____
 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) Wm. H. Taylor, M. D.
 (Address) 462 N. Taylor

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.

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. # 21,722
hereby certify that the body recorded on the reverse side of this certificate was embalmed by C. H. Murray
L. E.
No. 4011 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. T. Lupton
Licensed Embalmer No. # 21,722

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)