

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27493
Registrar's No. 6993

Registration District No. 791

Primary Registration District No. 1008

Registrar's No. 6993

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Luthern Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME James T. Pierce 620

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Francis Pierce 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 6, 1874.
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Saw Mill Worker

11. Industry or business _____

12. Name John Pierce

13. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Creamer

15. Birthplace Maries County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mary Conrad

(b) Address 2816 So Ninth St.

17. (a) Removal (b) Date thereof 8/13/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cross Town Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

19. (a) Aug 11 1939 (b) J. B. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2816 So Ninth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1939 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from Aug 8th
1939 to Aug 10th 1939
that I last saw him alive on Aug 9th 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Intermittent obstructive
cause unknown Duration 6 days

Due to _____

Due to _____

Other conditions hypertrophy of prostate
(Include pregnancy within 3 months of death)

Major findings: Myocarditis Chronic PHYSICIAN _____

Of operations: baecostomy only

Of autopsy: warrent exploratio Underline the cause to which death should be charged statistically.

2 N O

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Albert H. Hoppe (M. D. or other) _____

Address 3651 Grand Blvd Date signed Aug 11

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 5-17-39
1 X15511

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.

1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Guy W Wilkinson
Licensed Embalmer No. 3575

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.