No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16954

Registration District No. 791 1003 Primary Registration District No.

Registrar's No. 4432

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3625 McRee Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3532 Arsenal St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nellie H. Pierce 620

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. P. Pierce

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 15, 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	7	1	hr. min.

9. Birthplace DeBuck (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Secretary (Retired)

11. Industry or business Real Estate

FATHER
12. Name John P. Allen
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Fox
15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Geo. Duff
(b) Address 3532 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) MAY 18 1940 (Date received local registrar) (b) J. F. Buedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 2, 1940 to May 16, 1940 that I last saw him alive on May 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 4 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 while at work? about home, on farm, in industrial place, in public place? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)
Address 1527 Arsenal Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr Urban 1-3
1537 S. Geo. St.

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 Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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

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