

No. 2  
11-10-39  
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**FILED** AUG 28 1941 791

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Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(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:  
Barnard Skin & Cancer Hospital  
(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 \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Beatrice Pience

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. Nil

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased 2 (Month) 1 (Day) 1901 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>5</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ernest Ro denhauser

13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Elsie Goodman

15. Birthplace Unknown Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred M. Pierce

(b) Address Netleton, Arkansa

17. (a) Removal (b) Date thereof 7/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Netleton, Arkansas

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

(b) Address 4700 Washington Blvd.

19. (a) JUL 29 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County \_\_\_\_\_

(c) City or town Netleton  
(If outside city or town limits, write "RURAL")

(d) Street No. None (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 28, 1941, to July 26, 1941, that I last saw her alive on July 26, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Surgical shock  
fatal abdominal hemorrhage  
(post operative)

Due to \_\_\_\_\_

Due to HO

Other conditions Carcinoma cervix metastases  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma cervix with  
pelvic metastases

Of autopsy None

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 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 [Signature] (M. D. or other) 0

Address Barnard Skin & Cancer Hosp Date signed 7-26-41

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

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**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 J. W. Binkley  
Licensed Embalmer No. 3653  
P. O. Address 11 Falls Ave

**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.**