

No. 2  
1-4-41  
-17-39  
X2630

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27198

FILED SEP 17 1941

791

1003

State File No.

Registrar's No.

6990

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4589 Garfield  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5-6 years (Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4589 Garfield  
(If rural, give location)  
(e) Citizen of foreign country? ? (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th  
year 1941 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis; Phlegmonous Parenchymatous Nephritis.

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

Other conditions (Include pregnancy within 3 months of death) 1316

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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)  
(a) Means of injury \_\_\_\_\_  
23. Signature W. C. Gordon (M. D. or other) ?  
Date signed 9/29/41

3. (a) PRINT FULL NAME Cassie Pierce

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex F. 3 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Pierce 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 15, 1885  
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Stuck

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

12. Name William Stewart

13. Birthplace 1 Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mitty Brooks

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Anderson

(b) Address 4589 Garfield Ave

17. (a) Burial (b) Date thereof 8-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremation

18. (a) Signature of funeral director W. C. Gordon

(b) Address 2649 Delmar Blvd

19. (a) AUG 29 1941 (b) J. N. Bredich  
(Date received) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

0990

**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. *Myself*

Signed *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Welmar*

**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, fact should be so stated above.**