2
-41
-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36137

FILED NOV 3 1941

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 2189

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 10/13/41. (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6457 Wells Avenue 9
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Robert L. Pierce

3. (b) If veteran, name war World War

3. (c) Social Security No. 498-16-2015

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Pearl

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

7. Birth date of deceased March (Month) 24, (Day) 1889 (Year)

8. AGE: Years 52 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Petersburg (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business -

FATHER
12. Name John Pierce
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mary McNatt
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Marie Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 31-41 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister U.L.C.
(b) Address 7814 S. Broadway

19. (a) OCT 29 1941 (Date received local registrar) (b) C. D. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th year 1941 hour 5:38 minute p. M.

21. I hereby certify that I attended the deceased from October 13, 1941, to October 27, 1941 that I last saw him alive on October 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver, atrophic, with portal obstruction and ascites. — Duration Unknown

Due to -

Due to -

Other conditions Hemorrhage, gastro-intestinal, (Include pregnancy within 3 months of death) (from varices). Duration 24 hours.

Major findings: Of operations

Of autopsy Autopsy performed. See cause of death.

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) no

(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? (Specify type of place)

While at work (Specify type of place) (Means of injury)

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer. Date signed 10/28/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1942

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 Lewis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.