

Registration District No. 784

Primary Registration District No. 200

State File No.

Registrar's No. 2-53

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Kach Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Kach Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs, 3 mos, 28 days
(Specify whether
In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4060 FAIRFAY (Near)
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

PIERCE, LILLIAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ben Pierce 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 17 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Henry Harrison
13. Birthplace Richmond Va
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Boyce
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital record
(b) Address Robert Kach Hosp.

17. (a) Burial (b) Date thereof Feb 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wilmington Park Cem

18. (a) Signature of funeral director F. A. [unclear]
(b) Address 2905 Franklin Ave

19. (a) FEB 3 1943 (b) C. W. Mc Loran M.D.
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 30, year 1943 hour 6 minute 30 P M.
21. I hereby certify that I attended the deceased from October 2 1940 to Jan 30 1943
that I last saw h alive on Jan 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 4yrs +

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 138

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 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 Frank Cohen (M. D. or dentist)
Address Robert Kach Hosp Date signed 1/31/43

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

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.....

E. A. Lerner

Licensed Embalmer No. 2963

P. O. Address. 2915 Franklin 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, fact should be so stated above.

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