

DEPARTMENT OF COMMERCE.
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 1695

FILED JUL 31 1943 317

Registration District No.

Primary Registration District No. 6076

96
00

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

1. PLACE OF DEATH: 6317 Wagner
 (a) County St Louis
 (b) City or town Webster mo
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 96
 (a) State Missouri (b) County St. L.
 (c) City or town WEBSTER
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6317 Wagner
 (If rural, give location)
 (e) Citizen of foreign country? 9:30 AM Yes (Ver.)
 If yes, name country. A

3. (a) PRINT FULL NAME Eliza Pearce
 3. (b) If veteran, name war. no
 3. (c) Social Security No. no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 21st 1943
 year 1943 hour 9:30 min. 8 M.
 21. I hereby certify that I attended the deceased from 7/28
 1943 to 7/21 1943
 that I last saw him alive on 7/21
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Chronic Interstitial nephritis
 Duration ?

4. Sex Female 3 race colored
 5. Color or race colored
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife. Unknown
 6. (c) Age of husband or wife if alive ~~spouse~~ years
 7. Birth date of deceased (Month) (Day) (Year)

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

8. AGE: 75 94
 Months 94
 Days
 If less than one day hr. min.

Major findings:
 Of operations 12/a
 Of autopsy.....

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

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?

10. Usual occupation house wife
 11. Industry or business dont
 12. Birthplace mo
 (City, town, or county) (State or foreign country)
 13. Resident name dont no
 14. Birthplace mo
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Sis Thomas
 (b) Address 6317 Wagner place Webster
 17. (a) Burial (b) Date thereof 7-24/43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery

23. Signature [Signature] (M. D. or other)
 Address 4324 Easton Date signed 7/24

18. (a) Signature of funeral director [Signature]
 (b) Address 3615-17 Easton ave
 19. (a) JUL 28 1943 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

SEP-22-1943-

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..... *W. H. Houston*
Licensed Embalmer No. *2266*
P. O. Address..... *2812 Thomas St*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 9th day of September, 1943, before me appears.....

Sarah Thomas, who, upon her - oath, states that the original record of ~~birth~~ death

for Eliza Pierce died July 21st, 1943, in the State of Missouri, and which was filed at St. Louis Co. Hosp. on July 24, 1943, should be corrected as follows:

Item No. should read About 94 years of age

Instead of 75 years of age

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Sarah Thomas Daughter
Relationship.

6181 Bertha Ave.,
St. Louis Co., Mo.
Present Address.

Subscribed and sworn to before me this 9th day of September, 1943.

My Commission expires July 8, 1944.

H. S. Bricker Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

SEP 22 1949

S-26148