

FILED FEB 19 1944

Registration District No. 317

Primary Registration District No. 3070

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1114 SUMMIT AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 1114 SUMMIT
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN MAX PIERCE

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married. 2 divorced WIDOWER

6. (b) Name of husband or wife. MARTHA EVELYN PIERCE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. OCTOBER 7 - 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER - RETIRED

11. Industry or business _____

12. Name WILLIAM S. PIERCE

13. Birthplace UNKNOWN ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN O'NEAL

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

16. (a) Informant J. M. O'Neal

(b) Address 1114 Summit St Webster Groves

17. (a) CREMATION (b) Date thereof FEB-17-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (c) Signature of funeral director Parker and Co.

(b) Address WEBSTER GROVES, MO.

19. (a) FEB 18 1944 (b) E. H. McHaven, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16th
year 1944 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 8 1944

that I last saw him alive on Feb 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Compensated of Fungus

Due to _____

Due to _____

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

Major findings: Of operations 47R

Of autopsy _____

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 0

23. Signature E. J. Volkmann (M. D. or other) MD

Address 522 W. 11th St. Webster Groves, Mo. Date signed 2/16/44

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

26
9
4

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 Rob Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Grove Mo.

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.