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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. 15837

FILED MAY 1 1944

Registration District No. 7 Primary Registration District No. 3070 Registrar's No. 956

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Gravois Township Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Glenwood Sanitariuim
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3-27-44 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7755 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward S. 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, divorced married
6. (b) Name of husband or wife Anna C. Pierce
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 11th, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	5	9	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Salesman
11. Industry or business Cupples Co.
12. Name Edward S. Pierce (FATHER)
13. Birthplace Toledo, Ohio (City, town, or county) (State or foreign country)
14. Maiden name Lida Johnston (MOTHER)
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ralph Brown
(b) Address 826 W 3rd St., Maryville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.
19. (a) APR 22 1944 (Date received local registrar) (b) E. H. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day twentieth year 1944 hour 10 minute a. M.
21. I hereby certify that I attended the deceased from Mar. 27, 1944 to april 20, 1944 that I last saw him alive on april 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis generalized	8 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cerebral hemorrhage	about 6 mo

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? (Specify type of place)
While at work? (c) Means of injury
23. Signature Paul Harris M.D. (M. D. or other)
Address 1300 Grant Rd. Webster Groves Date signed 4-20-44

(Licensed Embalmer's Statement on Reverse Side)

JUN 10

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 Neville B. Throwitte

Licensed Embalmer No. 3696

P. O. Address 4161 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.