

FILED SEP 30 1944

State File No. _____
Registrar's No. 8118

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Baby Pierce

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 20 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 23 hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER-FATHER { 12. Name Elmer W. Pierce
13. Birthplace Birch Tree Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Marie Dixon
15. Birthplace Herculaneum Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Pierce
(b) Address 7826 Page Ave.

17. (a) Burial (b) Date thereof 9-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Clair, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 22 1944 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1944 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Sept 20, 1944, to Sept 21, 1944,
that I last saw him alive on September 21, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Atelectasis

Due to Premature Birth

Due to Pre Eclampsia Conditions of mother

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

Major findings:
Of operations _____

Of autopsy _____

Duration

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 J. K. Valiant (M. D. or other)
Address 526 2 Taylor Date signed 9-22-44

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

179

NR

91

NO EMBALM

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

John Agnoski

Licensed Embalmer No.

3398

P. O. Address.....

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.