

FILED JUL 17 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 1000

Registrar's No.

5216

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution 2750 E. Clark  
(d) Length of stay: In hospital or institution 17 1/2 years  
In this community 17 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 2750 E. Clark  
(e) Citizen of foreign country? 11 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dora PIERCE

3. (b) If veteran, name was \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1945 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Best Pierce 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased Mar 13 1912

Immediate cause of death 9/12  
Due to Coronary Thrombosis  
Due to \_\_\_\_\_

8. AGE: Year 33 Months 3 Days 16 If less than one day \_\_\_\_\_ h \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_  
12. Name Ephraim Browder  
13. Birthplace Ky (City, town, or county) (State or foreign country)  
14. Maiden name Ada  
15. Birthplace Tenn (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Best Pierce  
(b) Address 2750 E. Clark  
17. (a) Burial (b) Date thereof July 3/45  
(c) Place: burial or cremation Washington Park Cem  
18. (a) Signature of funeral director F. A. Green  
(b) Address 2915 Franklin Ave.  
19. (a) JUL 1 1945 (b) J. F. Prebeck

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) \_\_\_\_\_  
Means of injury? \_\_\_\_\_  
23. Signature Walter J. Brown (M. D. or other) \_\_\_\_\_  
Date signed 6/29/45

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*J. A. Green*

Licensed Embalmer No. *2963*

P. O. Address... *2915 Franklin*

**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.**