S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1946

1003

22095

State File No.

Registration District No. Primary Registration District No. Registrar's No. 5695

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Rock Hill Village
(If outside city or town limits, write "RURAL")

(d) Street No. 2818 Dunkirk Dr.
(If rural, give location)

(e) Citizen of foreign country? N R (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gary Roy Pierson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 3 (Day) 1945 (Year)

8. AGE: Years	Months	Days	If less than one day
0	7	23	hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Harold Pierson
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Helen Krinard
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Harold Pierson
(b) Address 2818 Dunkirk Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JUN 27 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1946 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7 PM June 26, 1946 to 3 AM June 26, 1946 that I last saw h. alive on 3 AM June 26, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia — Duration 30 min

Due to B. Dysluenzol medication

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Many petechiae both frontal lobes.

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? (e) Means of injury

23. Signature Calvin K. Hamilton (M. D. or other) M. D.

Address Mo. Theater Bldg. St. Louis Mo. Date signed 6/27/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. R. Hamilton,
Mo. Theater Bldg.

2 to 5

12-4-42

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 Warren A. Carver

Licensed Embalmer No. 3534

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.