No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6881

Registrar's No. 2120

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Shelby 999
(c) City or town Shelbyville 1
(If outside city or town limits, write "RURAL") 6
(d) Street No. R.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Irene Pierson
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Noel Pierson
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased November (Month) 28 (Day) 1918 (Year)

8. AGE: Years 29 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Shelby Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Clem Spear
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ruby Schwenker
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Noel Pierson
(b) Address Shelbyville, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbyville, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAR 1 1948 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 29 year 1948 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb 17, 1948 to Feb 29, 1948 that I last saw her alive on Feb 29, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death NEOROGENIC SARCOMA OF CHEST

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Sarcoma involving orbit and mediastinum

PHYSICIAN

Underline the cause of 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 F R Bradley (M. D. or ~~other~~)
Address Barnes Hospital, Date signed 2/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Elmo R Cadwell.....

Licensed Embalmer No.....4077.....

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.