

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6691

State File No.
1171

FILED FEB 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS, MISSOURI		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 5 5906 Horton Place	

3. NAME OF DECEASED (Type or Print) a. (First) LILLIAN b. (Middle) MAE c. (Last) PEIRCE	4. DATE OF DEATH (Month) (Day) (Year) 2 6 52
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2	8. DATE OF BIRTH Jan. 19, 1897	9. AGE (In years last birthday) (Specify) 55 1/2	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kane, Illinois	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME ? Magee	13b. MOTHER'S MAIDEN NAME Don't Know	14. NAME OF HUSBAND OR WIFE Edmond Peirce Divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495-22-3639	17. INFORMANT'S SIGNATURE OR NAME Paul Peirce	ADDRESS 5906 Horton Pl.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL VASCULAR ACCIDENT WITH INTERVENTRICULAR HEMORRHAGE		2 HOURS
	ANTECEDENT CAUSES DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE		4 YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEMORRHAGIC CYSTITIS		2 HOURS	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442X
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22. I hereby certify that I attended the deceased from 2/5, 1952, to 2/6, 1952, that I last saw the deceased alive on 2/6, 1952, and that death occurred at 2:14 Am., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.B.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 2/6/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Feb. 8, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. FEB 6 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 Hodiamont Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Alfred J. Boedeker
Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave

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.