

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23092

State File No.

318

1003

5720

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri				c. LENGTH OF STAY (in this place) 13 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 512 Whittier Street				19			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES			b. (Middle) Earl			c. (Last) PIERCE			4. DATE OF DEATH (Month) (Day) (Year) JUNE 8, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 12-28-1909		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent				10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (City and State or Foreign Country) Providence, Ky.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME C. J. Pierce				13b. MOTHER'S MAIDEN NAME Grady Lee Cullen				14. NAME OF HUSBAND OR WIFE Pauline Pierce			
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. 317-14-5433		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary C. Orr, 6913 Glenmore Av					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Fever DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolism						INTERVAL BETWEEN ONSET AND DEATH 30 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)		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? 4013	
22. I hereby certify that I attended the deceased from 5-31-52 , 19___, to 6-8-53 , 19___, that I last saw the deceased alive on 6-8-53 , 19___, and that death occurred at 3:05 P m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Rob R. Branch M.D.						23b. ADDRESS 1515 Lafayette Avenue			23c. DATE SIGNED 6-9-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/10/53		24c. NAME OF CEMETERY OR CREMATORY Cullen		24d. LOCATION (City, town, or county) (State) Providence, Ky.					
DATE REC'D BY LOCAL REG. JUN 9 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.					

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

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Albert R. Thompson*

Licensed Embalmer No..... *423*

P. O. Address..... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.