

XC 16789507  
REG #114531BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2925**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>MORGAN</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS</b>		c. LENGTH OF STAY (in this place) <b>19 DAYS</b>		c. CITY OR TOWN <b>JACKSONVILLE</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b>				e. STREET ADDRESS (If rural, give location) <b>643 NORTH SANDY</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY JOHN</b> b. (Middle) <b>PIERSON SR.</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>11-12-53</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5-26-92</b>		9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>KITCHEN HELPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOSPITAL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>JACKSONVILLE, ILL.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>HANZ W. PIERSON</b>		13b. MOTHER'S MAIDEN NAME <b>NELLIE MC MANARA</b>		14. NAME OF HUSBAND OR WIFE <b>ILIA MAE PIERSON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>333013758</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROTIC HEART DISEASE</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
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) (Minute) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>10-24-53</b> to <b>11-12-53</b> , that I last saw the deceased <del>at the work</del> <b>at the work</b> , and that death occurred at <b>5:30A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>R. A. ALLEN, MD</b>				23b. ADDRESS <b>VAH JEFFERSON BARRACKS, MO.</b>		23c. DATE SIGNED <b>11-12-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVE 1</b>		24b. DATE <b>11-12-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>EAST CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>JACKSONVILLE, ILL.</b>		
DATE REC'D BY LOCAL REG. <b>11/2/53</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			

**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, ~~and by~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Elton R. Remick*.....

Licensed Embalmer No. *428*.....

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.