

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9791

State File No.

No. 300
10-48

BIRTH NO. FILED APR 12 1954 REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville <i>County</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville <i>0920</i>	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Thelma	a. (First)	b. (Middle)	c. (Last) Pierce	4. DATE OF DEATH March 23, 1954
				(Month) (Day) (Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 20, 1907	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 7 Days 3	IF UNDER 24 HRS. Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri <i>0</i>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Warren May	13b. MOTHER'S MAIDEN NAME Jennie Bromveld	14. NAME OF HUSBAND OR WIFE Cecil Lee Pierce
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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. 494-05-7491	17. INFORMANT'S SIGNATURE OR NAME Warren Huff	ADDRESS Wentzville, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inquest Jury Verdict, Death from.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Natural causes probably DUE TO (c) Coronary Thrombosis		
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: 4/201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **held and inquest on March 26, 1954**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Marion Muschong (Degree or title) Coroner	23b. ADDRESS Wentzville, Missouri	23c. DATE SIGNED March 26, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE April 1, 1954	24c. NAME OF CEMETERY OR CREMATORY Linn Cemetery	24d. LOCATION (City, town, or county) (State) Wentzville, Missouri
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DATE RECD BY LOCAL REG. April 21 1954	REGISTRAR'S SIGNATURE Warren Huff	25. FUNERAL DIRECTOR'S SIGNATURE Marion Muschong	ADDRESS Wentzville
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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 Howard O. Kusler

Licensed Embalmer No. 4631

P. O. Address Winstville, Mo.

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.

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