

FILED SEP 2 1954

STANDARD CERTIFICATE OF DEATH

State File No. 29157
7633

BIRTH NO. 48384-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1008 Registrar's No.

1. PLACE OF DEATH a. COUNTY None				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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 1314 Temple					
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) Henry		c. (Last) Pierce		4. DATE OF DEATH (Month) (Day) (Year) 8 16 54		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH July 14, 1954		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 1 Days 2 IF UNDER 1 Mtn. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Henry Pierce, Sr.			13b. MOTHER'S MAIDEN NAME Mafalda Lowery			14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Chas. H. Pierce, 1314 Temple Pl.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH Undt.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Meningitis								Undt.	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 491X					
22. I hereby certify that I attended the deceased from 8-15 , 19 54 , to 8-16 , 19 54 , that I last saw the deceased alive on 8-16 , 19 54 , and that death occurred at 5:20 A.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Helen Nash M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 8-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/19/54		24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.			
DATE REC'D BY LOCAL REG. AUG 18 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cunningham & Moore, 2405 Marcus Avenue				

S.P. (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *John K. Cunningham*

Licensed Embalmer No..... 4476

P. O. Address..... 4700 Hammett

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.