

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15049**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **885**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

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) **Jennings** c. LENGTH OF STAY (in this place) **7 mos.**

c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Halls Ferry Mem. Home**

f. STREET ADDRESS (If rural, give location) **313 Locust** **22591**

3. NAME OF DECEASED
a. (First) **Alois** b. (Middle) _____ c. (Last) **Piercher**

4. DATE OF DEATH **March 31, 1956**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **not known**

9. AGE (in years last birthday) **about 83** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Janitor**

10b. KIND OF BUSINESS OR INDUSTRY **Kaemmerer Restaurant**

11. BIRTHPLACE (City and State or Foreign Country) **Austria**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **not known**

13b. MOTHER'S MAIDEN NAME **not known**

14. NAME OF HUSBAND OR WIFE **None**

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. **None**

17. INFORMANT'S SIGNATURE OR NAME **Frank Halwachs** ADDRESS **East St. Louis, Ill**

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Heart disease**

INTERVAL BETWEEN ONSET AND DEATH **unknown**

ANTECEDENT CAUSES
Afordid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **1) Chronic pyelo-cystitis**
2) Senile dementia

unknown
unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4200**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 12, 1955**, to **March 31, 1956**, that I last saw the deceased alive on **March 19, 1956**, and that death occurred at **5:20A m.**, from the causes and on the date stated above.

23a. SIGNATURE **Lewis Lettmann MD** (Degree or title)

23b. ADDRESS **8231 Clayton Rd (17)**

23c. DATE SIGNED **Mar. 31, 1956**

24a. DATE REC'D BY LOCAL REG. **3-31-56**

24b. DATE **Apr. 2 1956**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Carmel**

24d. LOCATION (City, town, or county) (State) **Belleville, Ill**

REGISTRAR'S SIGNATURE **Herbert R. Dombard**

25. FUNERAL DIRECTOR'S SIGNATURE **Chas. M. Burke** ADDRESS **East St. Louis, Ill**

(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.....
Chas M. Burke

Licensed Embalmer No. 242

P. O. Address.....
East St. Louis, Ill

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.