

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22261**  
Registrar's No. **1360**

FILED JUN 29 1956

|   |  |  |   |  |  |   |  |
|---|--|--|---|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>317</b>  |   | PRIMARY REG. DIST. NO. <b>541</b>  |  | Registrar's No. <b>1360</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY _____ |  |   |  |
| b. CITY OR TOWN <b>Clayton</b>  |  | c. LENGTH OF STAY (in this place township) <b>D.O.A.</b>   |   | c. CITY OR TOWN <b>St. Louis</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Co. Hosp.</b>  |  |  |   | e. STREET ADDRESS (If rural, give location)<br><b>2229 2806 Clark.</b>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>William</b><br>b. (Middle) _____<br>c. (Last) <b>Pierce</b>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>May 30, 1956</b> |  |  |   |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>Col</b>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>   |  | 8. DATE OF BIRTH<br><b>May 11, 1911</b>   |  |
| 9. AGE (In years last birthday) <b>45</b>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Various</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis MO</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>   |  | 13a. FATHER'S NAME <b>Unknown</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>None</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>None</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>W.M. Jones 2806 Clark</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple fractures of chest traumatic asphyxia and internal hemorrhage</b><br>ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><b>Conditions contributing to the death but not related to the disease or condition causing death.</b> |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>9/27</b><br><b>12</b>  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>boiler room of installation</b>  |   | 21c. (CITY, TOWN, OR TOWNSHIP) <b>MO</b> (COUNTY) _____ (STATE) _____  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) <b>May 30, 1956 10:30 a.m.</b>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR? <b>Conveyor workmen were using came loose, struck him and threw him into a pit</b>                    |  |   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 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 (Degree or title) <b>Arnold J. Willmann, Coroner</b>   |  |  |   | 23b. ADDRESS <b>Clayton, Mo.</b>   |  | 23c. DATE SIGNED <b>6/6/56</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>June 6/56</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>   |  |
| DATE REC'D BY LOCAL REG. <b>6-4-56</b>  |  | REGISTRAR'S SIGNATURE <b>Robert B. Donohue</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F. C. Green 4214 Delmar</b>  |  |   |  |

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 *F. A. Green*.....

Licensed Embalmer No. *2963*.....

P. O. Address *4214 Delmont*.....

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.