

STANDARD CERTIFICATE OF DEATH

59-003383

STATE FILE NUMBER

21

FILED FEB 11 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
1-57
40.
3W
4

1. PLACE OF DEATH a. COUNTY -----		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webster Groves
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bernard Nursing Home		Length of stay in 1b Home	d. STREET ADDRESS (If outside, give location) 445 Sherwood Dr.
3. NAME OF DECEASED (Type or print) First Middle Last CARRIE Benham PIERCE			4. DATE OF DEATH Month Day Year Jan. 1st, 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1866
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Fort Atkinson, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Benham	
13b. MOTHER'S MAIDEN NAME Lucy Wright		14. NAME OF HUSBAND OR WIFE Andrew Burt Pierce	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Andrew F. Thompson, 5 Amstrong Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, of lung DUE TO (b) _____ DUE TO (c) Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 3 days Years -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 430.0			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Jan 1958 to Present and last saw her alive on 1/1/59 Death occurred at 5:23 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ernest T. Rouse (Degree or title) Ernest T. Rouse M.D.		22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED 1/1/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1-3-59	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	23d. LOCATION (City, town, or county) St. Louis County, Mo.
24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar		25. DATE RECD. BY LOCAL REG. JAN 2 59	26. REGISTRAR'S SIGNATURE Earl Smith M.D. (H.F.)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. An explanation with the cause of death in Part I must be causally related.

Dr. Ernest Rouse
100 N. Euclid Avenue,
PO 7=6771

1 to 5

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.