

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019519

STATE FILE NUMBER

2 5277

FILED JUN 15 1959

Registration District No. Primary Registration District No.

Registrar No.

300

-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2868 Lemp
3. NAME OF DECEASED (Type or print) First Middle Last LEONARD PIERCE		4. DATE OF DEATH Month Day Year MAY 29, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 14, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	9. AGE (In years last birthday) 58
11. BIRTHPLACE (City and state or country) Winder, Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Thomas Pierce		13b. MOTHER'S MAIDEN NAME Anna Ruth Honeycutt	14. NAME OF HUSBAND OR WIFE Unk.
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. Unk.	17. INFORMANT 2868 Lemp Blanche Pierce St. Louis, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Granuloma</u> DUE TO (b) <u>Idiopathic Steatorrhea</u> DUE TO (c) <u>5811 A</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <u>Active pulmonary tuberculosis, Chronic pancreatitis, Gaucher's disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>1 year</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>3/14/59</u> to <u>5/29/59</u> and last saw her/him alive on <u>5/29/59</u> Death occurred at <u>1:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. G. Adams, M.D.</u> (Regree or title)		22b. ADDRESS 1515 LAFAYETTE AVE	22c. DATE SIGNED 5/29/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-30-1959	23c. NAME OF CEMETERY OR CREMATORY Caledonia Cem.	23d. LOCATION (City, town, or county) (State) Sparta, Ill.
24. FUNERAL DIRECTOR Walker, Sparta, Ill.		25. DATE RECD. BY LOCAL REG. JUN 2 59	26. REGISTRAR'S SIGNATURE <u>Loed Smith, M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

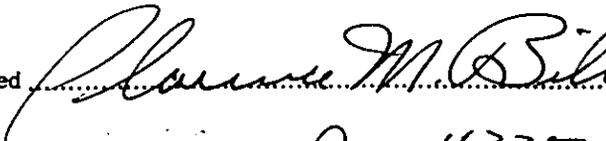
All diseases in Part I must be causally related.

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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 

Licensed Embalmer No. 4375  
P. O. Address St. Louis 23 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.