

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045404

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3187

<b>FILED NOV 16 1962</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ST. LOUIS</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clayton</u>		a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		Length of stay in lb <u>4 days</u>		c. CITY OR TOWN <u>Manchester</u>	
3. NAME OF DECEASED (Type or print) First <u>May</u> Middle Last <u>PIERCE</u>		4. DATE OF DEATH Month <u>10</u> Day <u>17</u> Year <u>1962</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-28-07</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>-</u>	
13a. FATHER'S NAME <u>Samuel Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Katie Curtis</u>		14. NAME OF HUSBAND OR WIFE <u>John Pierce</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>St. Louis County Hospital</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma suspected</u>					
DUE TO (b) <u>Carcinoma of the cervix</u>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m. Month, Day, Year					
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>10-14-1962</u> to <u>10-17-1962</u> and last saw her <u>live</u> on <u>10-17-1962</u> Death occurred at <u>9:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H.R. Gilcrest, M.D.</u> (Degree or title)			22b. ADDRESS <u>601 S. Brentwood Blvd.</u>		22c. DATE SIGNED <u>10-19-62</u>
23a. BURIAL, CREMATION, etc. <u>Rowland Aker Mortuary Service</u>		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical</u>	
24. FUNERAL DIRECTOR <u>St. Louis 10, Mo.</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		23e. STATE <u>Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>11-2-62</u>			26. REGISTRAR'S SIGNATURE <u>John E. Mumphy, M.D.</u>		

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SECTION 108 (108.10)

**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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.