MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27736

File No. 668?

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. De Paul Hospital St. ..... Ward)

2. FULL NAME Martha H. Pierce

(a) Residence, No. 7626 National Bridge St., 1V Ward. Normandy Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 28 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Pierce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1848

7. AGE: Years 85 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER

13. NAME: Robert Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT: Eleanor P. Fitzgerald
(ADDRESS) 7626 National Bridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown Mo DATE 8-4 1933

19. UNDERTAKER: Arthur J. Connell Mem Co
(ADDRESS) 3840 Lindell Blvd

20. FILED Aug 2-1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-1 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1931, to 8-1, 1933

I last saw ~~him~~ alive on 8-1, 1933 Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	7-12-33
131	
936	
1208	

Other contributory causes of importance:

Chr. Nephritis	2-8-31
Chr. Cystitis	"
Chr. Myocarditis	"

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) Jos. K. Kindschuh, M. D.

(Address) 7303 National Bridge

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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