

REC'D JUN 9 1938

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

17044
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred
D. 2337

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4905

2. PRINT FULL NAME

(a) Residence, No. 725 Carpenter Place (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) Michigan

FATHER 13. NAME Millard Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

MOTHER 15. MAIDEN NAME Corrine Harbaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U DATE 5-25 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Richter
3500 Rutger St

20. EMPLOYER (ADDRESS) J.F. Bieder

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/19/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/18/38 to 5/19/38 1938

I last saw him live on 5/19/38 1938. Death is said to have occurred on the date stated above, at 5.05 p.

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

Diabetes
Diabetic gangrene of foot
Diabetic scabies

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?
If so, specify (Signed) David Steiner M. D.
(Address) City Hospital No. 1

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.

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

Registered Apprentice No....., working under my personal supervision.

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 this body is not embalmed, above space should be left blank.