

88
APR 12 1939

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

8484
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791
(b) Township St. Louis Mo Primary Registration District No. 1003 Registered No. 2249
(c) City St. Louis Mo (d) Street No. En Route City Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

GEORGE C. PIERCE
(a) Residence, No. 21 BENTON PLACE St. 22 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>LUCY PIERCE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 19-1873</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>9</u>	DAYS <u>14</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>MAIL CLERK</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>UNION STATION</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>2 10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KY.</u>		
13. NAME <u>HANK James PIERCE</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W.A.K. Kentucky</u>		
15. MAIDEN NAME <u>MARYLINE W.A.K. ROLSON</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W.A.K. KENTUCKY</u>		
17. INFORMANT (ADDRESS) <u>LUCY PIERCE 21 BENTON PLACE</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>XENIA, ILL.</u> DATE <u>MAR 8 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>E. J. SCHNUR 3125 KAFAYETTE</u>		
20. FILED <u>MAR 8 1939</u> <u>J. B. Budess</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5/39 . 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:
Location of Brain and temporary fixation of skull supports when struck by airplane being driven by air Joseph Callahan at

Other contributory causes of importance:
Dislocation of Jefferson + Park Ave about 8:00 P.M. March 5-1939. Whether the result of cerebral aneurysm or accidental death same operation. Date of what test confirmed diagnosis? determine if there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Open Date of Injury 3/5/39
Where did injury occur? 5000 S. Olive
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
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.....
(Signed) Joseph McQuinn, M.D.
(Address) Deputy Coroner

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.

1 X16603

Pierce

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 Gas B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette av

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.