

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

17183  
 State File No.  
 Registrar's No. 4661

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Constant Pierrott 630

8. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 6 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>6</u>	<u>19</u>	hr. _____ min.

9. Birthplace Warsaw Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name August Pierrott

13. Birthplace France  
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Taylor

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Jones

(b) Address LaGrange, Missouri.

17. (a) Removal (b) Date thereof 5-27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaGrange, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave

19. (a) MAY 27 1940 (b) J. B. Redek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits write "RURAL")  
 (d) Street No. 4026 Delmar Blvd.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
 year 1940 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from May 18, 1940, to May 25, 1940,  
 that I last saw him alive on May 25, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis with Uremia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Carcinoma of the Rectum  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature J. B. Redek (M. D. certifier)

Address 1515 Lafayette, Date signed 5/25/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Albert G. Lapp

Licensed Embalmer No. 2971

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.**