No. 2
-1-4-41
-17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40679
10449

JAN 24 1942
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

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:
St. Lukes Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 12 000

(c) City or town St. Louis, 12 08
(If outside city or town limits, write "RURAL")

(d) Street No. #7 Lennox Place.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard Alexander Pierce.

3. (b) If veteran, name war World War

3. (c) Social Security No. 492-01-0238

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Sarah W. Pierce.

6. (c) Age of husband or wife if alive 39. years

7. Birth date of deceased 4 (Month) 23 (Day) 1895 (Year)

8. AGE: Years 46. Months 8 Days 7 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Building Manager of

11. Industry or business Superior Construction Co.

FATHER
12. Name Lawrence Pierce.
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Lucie Alexander.
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs R. A. Pierce.
(b) Address #7 Lennox Place.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12/31/41. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Boulevard.

19. (a) DEC 30 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1941 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 6 1941, 19 to Dec 30, 1941
that I last saw him alive on Dec 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Mesenteric artery Gangrene of Ileum

Due to Obstruction of Bowel Pott's disease of Spine

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations above

Of autopsy Same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature G. L. Krause (M.D. or other)
Address 3730 Washington Date signed 12/30/41

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1942

Dr Lynn Kreuse.
3720 Washington
JE-6111
2-3 P.M.

6297

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.