

FILED SEP 1 1942 318

Primary Registration District No. 1003

Registrar's No. 7147

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 8 Days 8 Hrs. 03 min
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 921

(d) Street No. 1931 Carr Street
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
0
If yes, name country.....

3. (a) PRINT FULL NAME Ruth Pierce

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

3. (c) Social Security No.....

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced... 0

6. (b) Name of husband or wife.....

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

7. Birth date of deceased: 8 (Month) 3 (Day) 42 (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>NB</u>			<u>8</u>	<u>8</u> hr. <u>03</u> min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace.....

14. Maiden name Lillie Mae Harpernee Pierce

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

16. (a) Informant Algie G. Dorsey

(b) Address 2601 N. Whittier St.

17. (a) Burial (b) Date thereof AUG 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director [Signature]

(b) Address City, N. Whittier St.

19. (a) AUG 26 1942 (b) [Signature]
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11
year 42 hour 5 minute 38 AM.

21. I hereby certify that I attended the deceased from 8 - 3 - 42
....., 1942 to 8 - 11 - 42, 1942

that I last saw her alive on 8 - 11 - 42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Unknown

Due to Unknown

Other conditions 107 w
107
(Include pregnancy within 3 months of death)

Major findings: 107 w
107
Of operations.....

Of autopsy.....

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?.....

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

23. Signature [Signature] (M.D. or other).....
Address 2601 N. Whittier St. Date signed 8-24-42

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, fact should be so stated above.