

FILED JAN 15 1945

Registration District No. **318**

Primary Registration District No. **1003**

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:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Harry Alphus Pierce

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 499-12-9413

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Anna Pierce 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1-20-1867 About 1868
(Month) (Day) (Year)

8. AGE: 77 Years Months 11 Days 8 If less than one day
About 76 hr. _____ min.

9. Birthplace Polk County, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Joseph Pierce
13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Mitchel
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas M. Bradey
(b) Address Deputy Public Administrator

17. (a) Burial (b) Date thereof 1-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Lutheran Ch.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 2 1945 (Date received local registrar) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5225 Bulwer
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1944 hour 6 minute 00 P.-M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Interstitial Nephritis

Due to 12/28
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 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 3

23. Signature Alfred J. Perry (M. D. or other) _____
Address Deputy Registrar Date signed 1/2/45

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

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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 John Agowski
Licensed Embalmer No. 3398
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.