S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22424

State File No.

FILED AUG 31 1945

Registration District No. Primary Registration District No. 1003 Registrar's No. 6595

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: 2602A N. Spring Ave
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 2602 A N. Spring Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Kent C. Pierce

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex White

5. Color or race Male

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

6. (b) Name of husband or wife Anna Johnson Pierce

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

7. Birth date of deceased Sept. (Month) 17 (Day) 1866 (Year)

8. AGE: Years 78 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Hartsburg (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Sawyer

11. Industry or business Fisher Body Co.

FATHER 12. Name Hosia B. Pierce

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

MOTHER 14. Maiden name Deborah Thompson

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

16. (a) Informant Mrs. A. E. Weigel

(b) Address 2602A N. Spring Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 '45 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Drehmann Harral

(b) Address 1905 Union Blvd.

19. (a) JUL 27 1945 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1945 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 5/30/45, 19.. to July 25, 1945, 19.. and that I last saw him alive on July 25, 1945, 19.. and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Myocardial Damage

Major findings: Coronary angina

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? (Specify type of place)

While at work? (e) Nature of injury

23. Signature (M. D. or other) D. S. Gold

Address University Clinics Date signed 7/27/45

(Licensed Embalmer's Statement on Reverse Side)

Univ. Cl Bldg
1-3

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 R. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St Louis

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.