

S. No. 2  
-12-45  
-5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 17 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42829**  
Registrar's No. **10462**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County  
(b) City or town **St. Louis**  
(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 **3 days**  
In this community **LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **DDE**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **vlg**  
(d) Street No. **2615 Delmar Blvd** (If rural, give location) **0**  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **George Pierce**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **1**  
year **1946** hour **4** minute **15** A. M.  
21. I hereby certify that I attended the deceased from **11-27** 19 **46** to **12-1** 19 **46**  
that I last saw him alive on **Dec. 1** 19 **46**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color of race **Col**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Ethel**  
6. (c) Age of husband or wife if alive **35** years  
7. Birth date of deceased **10 3 1909**  
(Month) (Day) (Year)

Immediate cause of death **Lobar Pneumonia**  
Duration **7 days**  
Due to **108**  
Due to  
Other conditions **None**  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy **Yes**

8. AGE: Years **37** Months **1** Days **26**  
If less than one day hr. min.

9. Birthplace **ST. LOUIS MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER**

11. Industry or business **STAR FISH CO**

12. Name **WILLIAM PIERCE**

13. Birthplace **ST. LOUIS MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ethel**

15. Birthplace **ST. LOUIS MO**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ethel Pierce**

(b) Address **813 N. 23rd St.**

17. (a) **Burial** (b) Date thereof **12-7-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **Bennett**

(b) Address **3103 Washington**

19. (a) **DEC 6 1946** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

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 **E. B. Williams** (M. D. or other)  
Address **2601 N Whittier** Date signed **12/3/46**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

**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.**