S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11396

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2406

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13½ hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Woodrow Piersall
3. (b) If veteran, name war World War II
3. (c) Social Security No. 327-22-6565
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vivian Piersall
6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased October (Month) 24 (Day) 1918 (Year)
8. AGE: Years 28 | Months 4 | Days 13 | If less than one day hr. min.
9. Birthplace Middletown (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Drill Operator
11. Industry or business

MOTHER FATHER
12. Name Thomas Piersall
13. Birthplace Powell County (City, town, or county) Kentucky (State or foreign country)
14. Maiden name Dora Centers
15. Birthplace Lumbar (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Fred Bradshaw
(b) Address Walton, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation West Alton, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) MAR 8 1947 (Date received by local registrar) J. Bradach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1947 hour 12 minute 35 a. M.
21. I hereby certify that I attended the deceased from 11:10 am on 3-6-, 1947, to 12:35 am on 3-7, 1947 that I last saw him alive on March 7th, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Glioma of left cerebrum
Malignant
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

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 J. R. Reading (M. D. or coroner)
Address Barnes Hosp. Date signed 3-7-47

(Licensed Embalmer's Statement on Reverse Side)

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. Elmo R. Cadwell

Licensed Embalmer No. 4077

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.