S. No. 2
A—1/47
. 5-17-39

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

#45476

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40067

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10151

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp. #1. Max C. Starkloff Mem.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 weeks (Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1712 South Seventh Street (R) 9
(If rural, give location)
23 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROY PIERCE
3. (b) If veteran, name war Nil
3. (c) Social Security No. 486-16-0200
4. Sex M 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Goldie May
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased June 7, 1907 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
40	6	4	hr. min.

9. Birthplace St. Clair, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation laborer
11. Industry or business
FATHER 12. Name Thomas K. Pierce 9
13. Birthplace unknown 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Laura Sohn
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Goldie May Pierce
(b) Address 1712 South Seventh Street (R)
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) NOV 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th year 1947 hour 8:15 minute A M.
21. I hereby certify that I attended the deceased from 8/19/47, 19..., to Nov. 11th 1947, that I last saw him alive on Nov. 11th 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death rheumatic heart disease	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy rheumatic pancarditis

PHYSICIAN
Underline the cause of 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 0.
23. Signature Frank F. Martin (M.D.)
Address 1515 Lafayette Date signed 11/12/47

Jefferson City Printing Co.

(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.....

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.