

0. 2  
1/47  
17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2955

Registrar's No. 503

FILED JAN 30 1948  
Registration District No. ....

Primary Registration District No. ....

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

1. PLACE OF DEATH: **318**

(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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether)

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **1008**

(a) State Missouri (b) County.....

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

(d) Street No. 4327 Maffitt  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Wesley Pierce

3. (b) If veteran, name war None

3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased December 3, 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 0 11 hr. min.

9. Birthplace Fayette, Missouri. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver.

11. Industry or business.....

12. Name George Pierce

13. Birthplace Fayette, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie E. Kingsbury

15. Birthplace Estella, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Susannah Pierce

(b) Address 4327 Maffitt Ave.

17. (a) Burial (b) Date thereof 1/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts

(b) Address 1416 N. Taylor Ave.

19. (a) JAN 17 1948 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14  
year 1948 hour 5 minute 10 AM

21. I hereby certify that I attended the deceased from Jan. 12, 1948 to Jan. 14, 1948  
that I last saw him alive on Jan. 14, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Acute Congestive Heart Failure

Other conditions..... Hypertensive Heart Disease  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy..... Bo

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?.....  
While at work?..... (Specify type of place)

23. Signatur Oslo L Daniels (M. D. or other)  
Address 2601 N. Whittier St. Date signed 1/15/48

APR 9 1948

---

---

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.....

*Annie Roberts*

Licensed Embalmer No.....

*4439*

P. O. Address.....

*1416 N. Jaylan*

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.