No. 2
1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2956

FILED JAN 30 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 595

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

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: DePaul 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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4153a Maryland Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph H. Pierre

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Daisy M. Pierre,

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 14, 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Jerseyville, Illinois,
(City, town, or county) (State or foreign country)

10. Usual occupation Retired chauffeur.

11. Industry or business

FATHER
12. Name George Peirre,
13. Birthplace France,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agatha Ambs,
15. Birthplace Germany,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Joseph H. Pierre
(b) Address 4153a Maryland Ave.,

17. (a) burial (b) Date thereof 1/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.,

19. (a) JAN 20 1948 (b) J. F. Bridsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Jan 16, 1948 to Jan 20, 1948
that I last saw him alive on Jan 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Art. Scl. Heart Disease	
Due to	
Due to	
Other conditions Gen. art. scl. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Robert J. Farrell (M. D. or other)

Address 624 N. Union Date signed 1/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Mr Robert Farrell
6244 Delmar Ave.

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 Robert T. Sangster

Licensed Embalmer No. 4590

P. O. Address St Louis Mo

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.