

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10567
State File No. 2423
Registrar's No. 2423

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Masonic Home of Missouri
(d) Length of stay: In hospital or institution 6 1/2 years
In this community same

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri
(b) County 000
(c) City or town St. Louis 17
(d) Street No. 5351 Delmar 9
(e) Citizen of foreign country? No 0
If yes, name country

3. (a) PRINT FULL NAME Sarah Elliott Pierce
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex female
5. Color or race white
6. (a) Single, widowed, divorced, married
6. (b) Name of husband or wife Joel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 8, 1850

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 9th year 1948 hour 2 minute 45 A M.
21. I hereby certify that I attended the deceased from Oct. 5 to Mar. 9th 1948
that I last saw her alive on Mar. 9, 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	97	7	1	hr. min.

Immediate cause of death
Due to Chronic Myocarditis 6mo
Senility 1yr
Other conditions
Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace St. Charles County, Mo.
10. Usual occupation Retired
11. Industry or business
12. Name Benjamin Ball
13. Birthplace Virginia
14. Maiden name Ann McRoberts
15. Birthplace St. Charles County, Missouri
16. (a) Informant Clara Rothe
(b) Address 5351 Delmar Blvd.
17. (a) Burial (b) Date thereof 3-11-48
(c) Place: burial or cremation Laddonia, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAR 10 1948 (b) J. F. Brennan

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury
23. Signature J. F. Brennan (M. D. or other)
Address 508 N. Grand Ave Date signed 3.9.48

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

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.....

Oliver R. Padwell

..... 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.