

No. 300
-10-47
-5-17-39
-I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31348

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8543**

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:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 days** (Specify whether
in this community _____ 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. **2723 Sheridan**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **Herman Leroy Pierce Jr.**
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **9** day **24**
year **1948** hour **10** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **5:44 A.M.**
9-10- 19 **48** to **10:15 P.M.** 19 **48**
that I last saw him alive on **9-24-** 19 **48**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **U**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **9 10 48**
(Month) (Day) (Year)

Immediate cause of death
Subdural Hematoma
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years _____ Months _____ Days **14** If less than one day _____ hr. _____ min.
9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____

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? _____
23. Signature _____ (M. D. or other)
Address **2601 N. Whittier** Date signed **9-29-48**

MOTHER FATHER
12. Name **Herman Leroy Pierce**
13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Velma Joyce Scales**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
16. (a) Informant **Robert M. Sheward**
(b) **Anatomical Board** Whittier
17. (a) _____ (b) Date thereof **SEP 30 1948**
(Burial, cremation, etc.) (Monthly) (Day) (Year)
(c) Place: burial or cremation **Anatomical Board**
18. (a) Signature of funeral director. **Rowland Mortuary Service**
(b) Address **2601 N. Whittier Manchester Ave.**
19. (a) **SEP 30 1948** **J. F. Bredbeck**
(Date received local jurisdiction) (Registrar's signature)

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.....

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.