

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29485

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 810

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Julton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>S. Kinloch</u> <u>96</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>Box 104</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIJAH</u> b. (Middle) <u>PIERSON</u> c. (Last) <u>PIERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Mar 16 1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>96</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>dK</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>

13a. FATHER'S NAME <u>Jim Pierson</u>	13b. MOTHER'S MAIDEN NAME <u>Mehalie Nelson</u>	14. NAME OF HUSBAND OR WIFE <u>Jemie Pierson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dK</u>	16. SOCIAL SECURITY NO. <u>dK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jemie Pierson</u> ADDRESS <u>Box 68 S. Kinloch Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chr. myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1949, to 9/11, 1949, that I last saw the deceased alive on 9/10, 1949, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>M. J. Miller M.D.</u>	23b. ADDRESS <u>State Hos #1 Fulton Mo</u>	23c. DATE SIGNED <u>9/11/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pl. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis county Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept. 14, 1949</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	404-25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Boyd Bros.</u>	ADDRESS <u>S. Kinloch Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300

EV. 10.48

RECEIVED
SEP 20 1949
District Health Officer No. 9,
District File Number

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Edward A Flynn

Signed

Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 4548th Page Blvd

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.