

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39164**
Registrar's No. **10475**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. PAC. Hosp U		d. STREET ADDRESS (If rural, give location) 27 - 2706 UTAH STREET	

3. NAME OF DECEASED (Type or Print) a. (First) GOLDIE b. (Middle) — c. (Last) PIERCE		4. DATE OF DEATH (Month) (Day) (Year) 12 - 5 - 49	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) W	8. DATE OF BIRTH 11-30-10
9. AGE (In years last birthday) 39		10. KIND OF BUSINESS OR INDUSTRY HOUSE-WIFE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) LEADWOOD, MO	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Wm. BRUNT		13b. MOTHER'S MAIDEN NAME ANNA BLA99		14. NAME OF HUSBAND OR WIFE Roy L.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William BRUNK 2706 Utah Str	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) MITRAL STENOSIS		?	
		DUE TO (c) RHEUMATIC HEART DISEASE		?	
11. 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 checked="" type="checkbox"/> NO <input 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) 95	
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? fall	

22. I hereby certify that I attended the deceased from **12/3**, 19**49**, to **12/5**, 19**49**, that I last saw the deceased alive on **12/5**, 19**49**, and that death occurred at **9:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas J. Zepf, M.D.		23b. ADDRESS Grand St. Louis 400		23c. DATE SIGNED 12/5/49	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 12-7-49		24c. NAME OF CEMETERY OR CREMATORY St. Matthews	
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 6 1949 J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W W McLaughlin 2301 Lafayette	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: *D W Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

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.