

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10955**  
Registrar's No. **2480**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>2480</b>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>4623 Pennsylvania</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>4623 Pennsylvania</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Warren</b>	b. (Middle) <b>M.</b>	c. (Last) <b>Pierce</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 11, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 30, 1893</b>	9. AGE (In years last birthday) <b>56</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bankers Mutual Ins.</b>		11. BIRTHPLACE (State or foreign country) <b>Paris, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Unknown Pierce</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Gilbert</b>		14. NAME OF HUSBAND OR WIFE <b>Beulah Pierce</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-10-0400</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Beulah Pierce, 4623 Pennsylvania</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
*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) <b>Coronary Thrombosis</b>			<b>3 days</b>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</b>			
		DUE TO (c) <b>None</b>			
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) <b>4201</b>	
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 <b>March 10, 1950</b> , to <b>March 11, 1950</b> , that I last saw the deceased alive on <b>March 11, 1950</b> , and that death occurred at <b>10:10 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>B. J. McQuinn M.D.</b>			23b. ADDRESS <b>16 Hampton Place</b>		23c. DATE SIGNED <b>3/13/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-11-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Zion</b>		24d. LOCATION (City, town, or county) (State) <b>Steele, Mo.</b>
DATE REC'D BY LOCAL REG. <b>MAR 14 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

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.