

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35221

BIRTH NO. 1-99-22-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8512

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSP.		d. STREET ADDRESS (If rural, give location) 6917 WEST PARK			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) MATTHEW c. (Last) PIERCE		4. DATE OF DEATH (Month) (Day) (Year) OCT. 6, 1950			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) /	8. DATE OF BIRTH OCT 4, 1950	9. AGE (In years last birthday) 2	10. CITIZENSHIP (If under 1 year) Days 2 (If under 18 yrs. Hour Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WESLIE PIERCE		13b. MOTHER'S MAIDEN NAME FREDDIE KIMBLE		14. NAME OF HUSBAND OR WIFE	
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 WESLIE PIERCE 6917 WEST PARK		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Emphysema & Atherosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Child newborn of diabetic mother delivered by section.</u>			INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 36 hrs. 36 hrs.
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., to 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? 762, 0			
22. I hereby certify that I attended the deceased from <u>Oct 4, 1950</u> to <u>Oct 6, 1950</u> , that I last saw the deceased alive on <u>Oct 5, 1950</u> , and that death occurred at <u>2am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L. J. Stephens</u>		(Degree or title) M.S. F.A.P.	23b. ADDRESS 3784 Ivanhoe		23c. DATE SIGNED 10-7-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-7-50	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. OCT 9 1950	REGISTRAR'S SIGNATURE <u>J. J. Harater</u>	FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Bragman</u>		ADDRESS 7146 Manchester	

(Licensed Embalmer's Statement on Reverse Side)

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

0771
1440
CASH

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 _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

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.