

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31759

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8431

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 OR TOWN) St. Louis, Missouri		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hosp. #1		d. STREET ADDRESS (If rural, give location) 5175 Enright Avenue	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Virginia	b. (Middle)	c. (Last) Pierce	Sept. 21, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 17th, 1899
9. AGE (In years last birthday) 52		10. KIND OF BUSINESS OR INDUSTRY Breen	11. BIRTHPLACE (State or foreign country) Cattlesburg, Kentucky
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Newton Eads	13b. MOTHER'S MAIDEN NAME Nora (Unknown)	14. NAME OF HUSBAND OR WIFE John D. Pierce
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John D. Pierce, 5175 Enright Avenue
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease 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 type="checkbox"/>
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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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H43X

22. I hereby certify that I attended the deceased from Sept. 20, 1951, to Sept. 21, 1951, that I last saw the deceased alive on Sept. 21, 1951, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. J. Cotterman M.D.D.	23b. ADDRESS 1515 Lafayette Ave.	23c. DATE SIGNED 9-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/24/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. SEP 24 1951	REGISTRAR'S SIGNATURE Calvin F. Feutz	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.
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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.....

Ralph E. Jander

Licensed Embalmer No. *4275*

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.