S. No. 300
No. 48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11094

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 44 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland
c. LENGTH OF STAY (In this place): 2 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9540 Roslan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): De Soto 350,2
d. STREET ADDRESS (If rural, give location): 506 Allen Pl

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Jane c. (Last) Pierce

4. DATE OF DEATH (Month) Jan (Day) 17 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Nov. 24-1872

9. AGE (In years last birthday): 79 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Morse Mill, Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm. G Mannion

13b. MOTHER'S MAIDEN NAME: Minerva McCullock

14. NAME OF HUSBAND OR WIFE: Wesley G Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs. Mary Ryan 9549 Roslan Overland 21, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cordis Vascular Degeneration Disease — 7 mo.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* [redacted]

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4221

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 Jan, 1952, *to* 17 Jan, 1952, *that I last saw the deceased alive on* 15 Jan, 1952, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Luke A. Knese (Degree or title) MD

23b. ADDRESS: 1506 Hodiamont Ave

23c. DATE SIGNED: 17 Jan '52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-19-52

24c. NAME OF CEMETERY OR CREMATORY: City

24d. LOCATION (City, town, or county) (State): De Soto, Mo.

DATE REC'D BY LOCAL REG.: 1-17-52

REGISTRAR'S SIGNATURE: Herbert R. Domke MD SC

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: J. Lee Mathushek De Soto Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Andrew H. England

Licensed Embalmer No. 4245

P. O. Address Ste Sato, 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.