

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40905

State File No. _____

FILED NOV 27 1957

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>559</u>		Registrar's No. <u>120</u>		
1. PLACE OF DEATH a. COUNTY <u>Jeff.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jeff.</u>				
b. CITY OR TOWN <u>Jackson - Rural</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St Louis, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Map View Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>5360 E. Wright. 2120</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>L</u>		c. (Last) <u>Pierce</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 11 57</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>12/21/1976</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>10</u> Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Louisa Pierce</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>499-26-7059</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marjorie Robertson</u> ADDRESS _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage 6 3/4 days.</u>				ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
				DUE TO (b) _____				
				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? <u>2</u>		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) <u>331x</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>11-7-</u> , 19 <u>57</u> , to <u>11-11</u> , 1957, that I last saw the deceased alive on <u>11-11</u> , 1957, and that death occurred at <u>6:50 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. A. Danner, M.D.</u> (Degree or title)				23b. ADDRESS <u>112 Mississippi Ave., Capital City, Mo.</u>		23c. DATE SIGNED <u>11-12-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11/13/57</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo. 190.</u>			
DATE REC'D BY LOCAL REG. <u>11-13-57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann & Hanna</u> ADDRESS <u>1905 Union St. Louis, Mo.</u>				

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

500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
NOV 19 1957

DEC 2 1957

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.....
Signature of Student Embalmer

Signed *Garren Cooper*
.....

Licensed Embalmer No. *3534*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.