

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-042360  
State File No. **210021**

*Pierce*  
FILED VS DEC 7 1959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____									
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>ST. LOUIS</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ST. ANTHONY'S HOSPITAL</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <i>St. Louis</i> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MAPLEWOOD 17</b> d. STREET ADDRESS (If rural, give location) <b>3350 A. CAMBRIDGE</b>											
3. NAME OF DECEASED (Type or Print) a. (First) <b>Baby Girl</b> b. (Middle) _____ c. (Last) <b>PIERCE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 31 1959</b>		5. SEX <b>FEMALE</b>			6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>infant</b>		8. DATE OF BIRTH <b>11-1-59</b>		9. AGE (In years last birthday) <b>0</b> if UNDER 1 YEAR Months <b>0</b> if UNDER 12 HRS. Days <b>0</b> Hours <b>9</b> Min. <b>39</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>				11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>ROBERT LEE PIERCE</b>				13b. MOTHER'S MAIDEN NAME <b>JOYCE LEE DAUME</b>				14. NAME OF HUSBAND OR WIFE <b>-----</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>None</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Robert L. Pierce, 3350a Cambridge.</b> ADDRESS _____							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) <b>776x</b> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>										INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) (Min.)				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>Oct 31, 1959</b> , to <b>Nov. 1, 1959</b> , that I last saw the deceased alive on <b>Nov. 1, 1959</b> , and that death occurred at <b>8:40 A. m.</b> , from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <i>William Paul Stude M.D.</i>						23b. ADDRESS <i>16th Street, St. Louis, Mo.</i>			23c. DATE SIGNED <i>10/1/59</i>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				24b. DATE <b>Nov. 2, 1959</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>				24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>NOV 2 1959</b>				REGISTRAR'S SIGNATURE <i>Coal Smith, M.D.</i>				25. FUNERAL DIRECTOR'S SIGNATURE <b>BEIDERWIEDEN F.H., Inc., 1936 St. Louis Av.</b> ADDRESS _____							

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

24  
3M  
4544

*m83*

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 \_\_\_\_\_

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.

*not embalmed*  
*Erwin Baker*