

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-025054  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6254**

**FILED JUL 2 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Length of stay in lb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2306 Rear S. Jefferson				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2306 Rear S. Jefferson				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Allen Pierce			4. DATE OF DEATH Month Day Year June 22, 1962			5. SEX Male		6. COLOR OR RACE Cau.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 1-1-1900		9. AGE (last birthday) 62		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			
10b. KIND OF BUSINESS OR INDUSTRY Retired				11. BIRTHPLACE (City and state or country) Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Frank Pierce				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Elsie Pierce			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service No				16. SOCIAL SECURITY NO.		17. INFORMANT Richard Pierce Hematite, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line (PART I). DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Nalvarular Disease chronic-cardiac</i> DUE TO (b) <i>Arthritis severe</i> DUE TO (c) <i>421.4</i>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>Feb 17 - 62</i> to <i>6-22-62</i> and last saw her alive on <i>6-10-62</i> Death occurred at <i>6-22-62</i> <i>8 A</i> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <i>A. Barbain M.D.</i>						22b. ADDRESS <i>2021 Park Ave</i>			22c. DATE SIGNED <i>6-23-62</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-25-1962		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
24. FUNERAL DIRECTOR McLaughlin 2301 Lafayette St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. JUN 25 1962		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>					

MEDICAL CERTIFICATION

*OK*  
*Richard P. Taylor*  
*6-25-62*  
*Coroner*

USE BLACK INK OR TYPEWRITER RIBBON

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**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 A. G. Farris

Licensed Embalmer No. 3384

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.