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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 39

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35866

State File No.

Primary Registration District No. 3010

Registrar's No. 377

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Marquette Cement Plant 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 32 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")

(d) Street No. 143 So. Louisiana 4
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert G. Pierce

3. (b) If veteran, name war

3. (c) Social Security No. 491-07-3110

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frieda Koch

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 15th (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
60	1	11	hr. min.

9. Birthplace Near Jackson (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Employed at Marquette

11. Industry or business Cement Plant

FATHER
12. Name John Wm. Pierce 9
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Charlotte Brooks
15. Birthplace Don't Know 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frieda Pierce
(b) Address Cape Girardeau, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director E. R. Haman
(b) Address Cape Girardeau, Missouri.

19. (a) 12-6-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 26th
year 1948 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 26, 1948, to —, 19—, that I last saw h im alive on Nov 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Coronary Thrombosis	Duration
Due to	Hypertension	
Due to		
Other conditions (Include pregnancy within 3 months of death)		
Major findings: Of operations		
Of autopsy		

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Cape Girardeau Date signed 12/1/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4

Certificate Number 1248-15

Date Filed 12-13-48

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard L. Herman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.