

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38822

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4414 West Pine Blvd.)

File No.....
Registered No. 11252
St. Ward)

2. FULL NAME

Mary E. Poole
(a) Residence. No. 4414 West Pine Blvd. St. 19 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dennis Poole

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt. 1867??

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 62 Unknown

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

10. NAME OF FATHER John Hunt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Blenny

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Dennis Poole (Address) 4414 W. Pine Blvd.

15. FILED Nov 18 1929 Max C. Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 16 1929

17. I HEREBY CERTIFY, that I attended deceased from Nov 8 to Nov 16 1929 that I last saw her alive on November 16 that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Diabetes Mellitus

59
73.0
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis chronic
(duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) S. M. Rindau M. D.

Nov 16 1929 (Address) Lester Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Nov 19 1929

20. UNDERTAKER Chas. L. Geraghty ADDRESS 4309 Lindell

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Neuman

6170 Waterman Ave

3rd Floor.