

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

Do not use this space.

MAY 25 1934

791  
1003

14530

1. PLACE OF DEATH

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City St Louis

(No. City Hosp)

File No. ....

Registered No. 3712

St. .... Ward)

2. FULL NAME Fred Albert Poynter

(a) Residence, No. 1311 S 8th St., 23 Ward.

(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

4 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or ~~WIFE OF~~) Mae Poynter

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 1897

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 PM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 36 4 14

The principal cause of death and related causes of importance were as follows: Asphyxiation by smoke  
Edema of lungs

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance: longer time of liver + kidneys

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patterson, MO

13. NAME Benjamin M Poynter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sarah Fowler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Mrs Mae Poynter (ADDRESS) 1311 S 8th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Stone Hill Mo DATE 4-14, 1934

19. UNDERTAKER A W McLaughlin (ADDRESS) 1631 Missouri Ave

20. FILED M I J 1934 Registrar J D Bredbeck

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4/11, 1934

Where did injury occur? Factory (Specify city or town, county, and State)

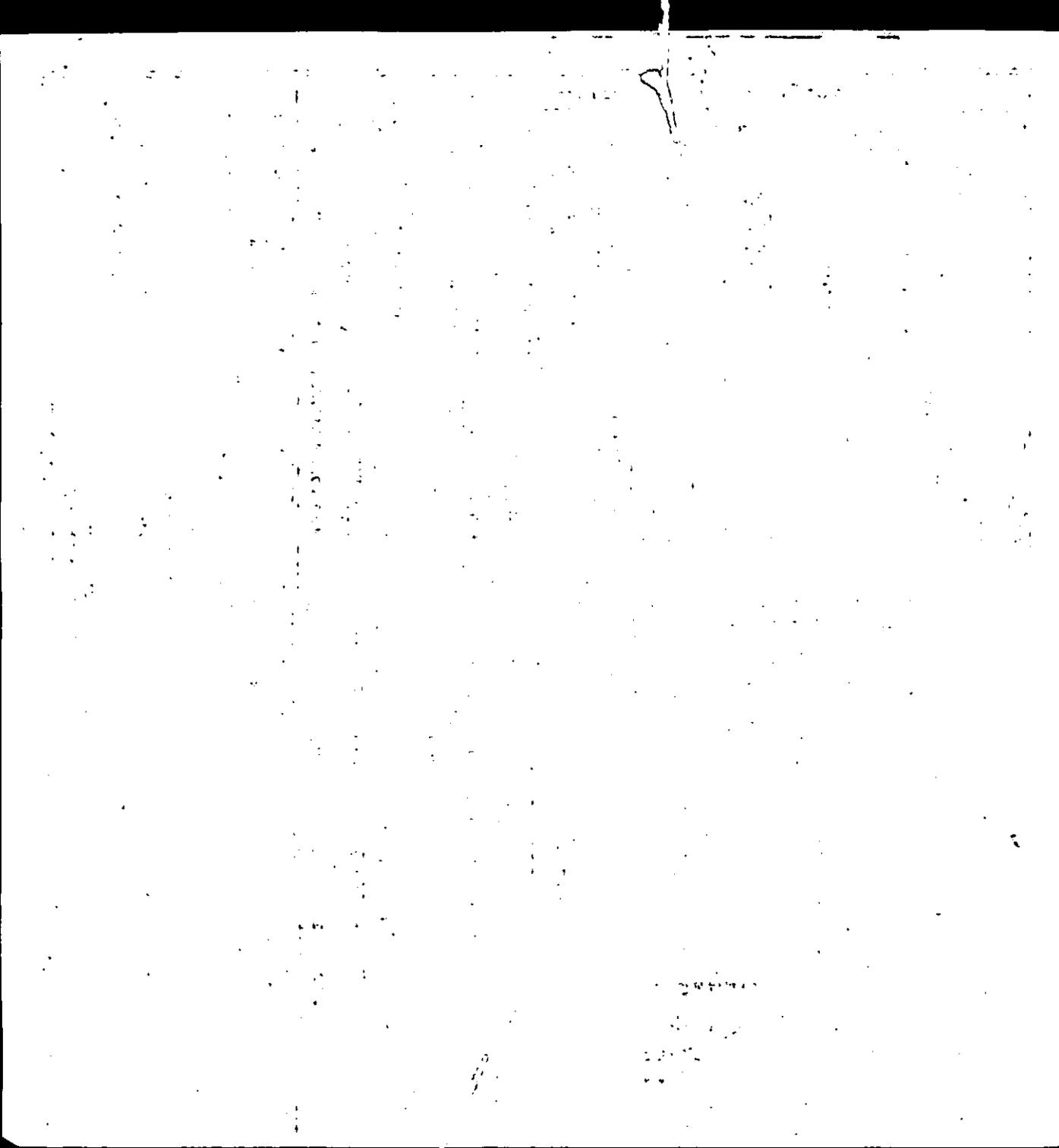
Specify whether injury occurred in industry, in home, or in public place. Factory

Manner of injury Asphyxiation

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Shoes + shoe factory

(Signed) Sarah Fowler (Address) 1119



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

**ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.**

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. City Hosp)..... St. .... Ward ( )

File No. ....  
 Registered No. 3712

**2. FULL NAME**

(a) Residence, No. .... St. .... 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
36 4 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER  
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 4-18-34 1934 J. J. Bredeek Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11 1934

22. I HEREBY CERTIFY, that I attended deceased from ..... to ..... 19.....  
 I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:  
Asphyxiation by Date of onset

strangulation

Over-came by smoke while an occupant of a burning building, Brown Shoe Co., St. Louis, Mo.

Other contributory causes of importance:  
burning building, Brown Shoe Co., St. Louis, Mo.

Name of operation Accidental Date of 180  
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accid. Date of injury 4/11/1934

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
In Industry

Manner of injury Averse to smoke (burning bldg)  
 Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify W. H. Schultz M.D.  
 (Signed) W. H. Schultz  
 (Address) Rep. Coroner

**SUPPLEMENTARY**

S-14530