

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.

OCT 14 1937

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

32845

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **1003**
(b) Township Primary Registration District No. Registered No. **8899**
(c) City **St. Louis** (d) Street No. **St. Anthony Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Marie Poignee**

(a) Residence, No. **Gravois & Kennerly Rds.** St. **NR** **After Mo.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F.** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 12, 1912**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
24 11 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Waitress**
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) **St. Louis, Mo**

13. NAME **Conrad Poignee**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **O'Fallon, Ill.**

15. MAIDEN NAME **Emma Adler**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Conrad Poignee**
(ADDRESS) **Gravois & Kennerly Rds.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Sunset Burial** DATE **9-25-37**

19. FUNERAL DIRECTOR **John L. Ziegenhein & Sons**
(ADDRESS) **7027 Gravois Ave.**

20. FILED **SEP 24 1937** **J. F. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 22, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 9**, 19**37**, to **Sept 22**, 19**37**
I last saw him alive on **Sept 22**, 19**37**. Death is said to have occurred on the date stated above, at **12** m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage of Brain due to purpura

Other contributory causes of importance: **Purpura**

Name of operation **Hemorrhage of all major organs due to Purpura** Date of **Sept 1/37**
What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**.
Also, specify **Ray J. Schuster** M. D.
(Signed) **Ray J. Schuster**
(Address) **4022 S. Grand Blvd**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Clarence P. Kidwell

Licensed Embalmer No. *3877*

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.)