

MAY 1 1940 791

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 3196

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town ST LOUIS MO  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: EN ROUTE TO CITY HOSP  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 14 YEARS  
years, months or days

3. (a) PRINT FULL NAME HENRY POYNTER 536

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MERKIE POYNTER 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased DEC 25 1859  
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace BETHANY MO  
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business RETIRED 10 YEARS

MOTHER FATHER { 12. Name AMOS POYNTER

13. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA POYNTER

15. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS MERKIE POYNTER

(b) Address 1732 SO. VANDEVENTER AVE

17. (a) CREMATION (b) Date thereof 4 6 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director KRIEGERHAUSER

(b) Address 422 P SO. KING HIGHWAY

19. (a) APR 8 1940 (b) \_\_\_\_\_  
(Date of local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
 (c) City or town ST LOUIS 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1732 So Vandeventer  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 Day 4  
 year 40 hour 8:32 minute P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Primary Thrombosis

Due to \_\_\_\_\_

Due to Coronary Hypertrophy

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 956

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? \_\_\_\_\_

23. Signature Joseph M. \_\_\_\_\_ (M. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

*Not embalmed* *EF*

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**