

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1780

1. PLACE OF DEATH: **FILED OCT 23 1940**
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Adm. Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 8/17/40 3
(Specify whether
In this community Same
years, months or days)

3. (a) PRINT FULL NAME POIVEY, Louis H.
3. (b) If veteran, name war World war, 1918 3. (c) Social Security No. 342-03-9553

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hilda Poivey 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased May 15 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Gillespie, Illinois (City, town, or county) (State or foreign country) 1

10. Usual occupation Coal miner 7

11. Industry or business _____ 9

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Gov. Records

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 9-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gillespie, Mo.

18. (a) Signature of funeral director Frank and Sons

(b) Address 3710 Grand Blvd

19. (a) SEP 20 1940 (b) C. W. Hughes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Gillespie (b) County Macoupin
(c) City or town Gillespie
(If outside city or town limits, write "RURAL")
(d) Street No. 417 West Walnut St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19
year 1940 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from 8/17/40
_____, 19____, to 9/19, 1940
that I last saw him alive on 9/19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive and arteriosclerotic heart disease with marked cardiac enlargement, myocardial damage and myocardial insufficiency.
Due to and nephritis, chronic, with abnormal retention of nitrogen, and edema.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations No operation

Of autopsy No 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? _____

While at work? Yes (Specify type of place) _____
Means of injury _____

23. Signature C. W. Hughes C. M. O. (M. D. or other) 1

Address Jeff. Bks. Mo. Date signed _____

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

MOTHER FATHER

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.....

Robert L. Benkman

Licensed Embalmer No. *3553*

P. O. Address *3710 N Grand Blvd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to sign by the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.