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4-41  
7-39  
K26390

FILED DEC 1 1941

Registration District No. 184

Primary Registration District No. 117

Registrar's No. 2337

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
445 ALMA AVE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 10 YRS 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")  
(d) Street No. 445 ALMA AVE.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SOE MARY POLD

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife. PAUL POLD 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased JANUARY-31-1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 9 17 hr. min.

9. Birthplace SAPPINGTON MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business  
12. Name WILLIAM P. LILE  
13. Birthplace BELLSUCKLE TENN.  
(City, town, or county) (State or foreign country)  
14. Maiden name SUSAN L. WELLS  
15. Birthplace CHRISTIAN CO. KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Pold Sr  
(b) Address 445 ALMA AVE.

17. (a) BURIAL (b) Date thereof NOV 21-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK HILL CEM.

18. (a) Signature of funeral director. Parker and Co

(b) Address WEBSTER GROVES MO.

19. (a) NOV 19 1941 (b) J. McNamee  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1941 hour 7:00 minute P. M.  
21. I hereby certify that I attended the deceased from April 13  
41 to Nov 17 1941  
that I last saw her alive on Nov 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death CC. Myocarditis Duration 1.7 mo.  
Due to Salvator Herpes disease 1 year.

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

Major findings: Of operations gpd  
Of 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) NO  
(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? (Specify type of place) (e) Means of injury 0

23. Signature H. A. Paul M.D. or other \_\_\_\_\_  
Address 178. Oakwood Date signed 11/18/41

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

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**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..... *E. C. Aldrich* .....

Licensed Embalmer No. *1332* .....

P. O. Address *Webster Grove* .....

**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, fact should be so stated above.**