

FILED DEC 15 1942

Registration District No. Primary Registration District No. Registrar's No. 10188

984

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

1. PLACE OF DEATH:

(a) County
 (b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2405 Hadley St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
(Specify whether years, months or days)
 In this community 40 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
 (c) City or town St. Louis. 12
(If outside city or town limits, write "RURAL") 9 2/6
 (d) Street No. 2405 Hadley St.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME George Pounds.
 (b) If veteran, name war World War.
 (c) Social Security No. 431-03-3071

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
 year 1942 hour 9:45 minute A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Addie Pounds
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased October 11 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19..... to 19.....
 that I last saw him alive on 19.....
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 1 24 hr. min.

Immediate cause of death.....
Aortitis; indetermined.
Arteriosclerosis;

9. Birthplace DeSoto, Missouri. 0
(City, town, or county) (State or foreign country)
 10. Usual occupation Unemployed.

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

MOTHER FATHER }
 11. Industry or business
 12. Name James R. Pounds.
 13. Birthplace Unknown. 9
(City, town, or county) (State or foreign country)
 14. Maiden name Peoria Miller.
 15. Birthplace Illinois. 1
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Addie Pounds.
 (b) Address 2405 Hadley St.
 17. (a) Burial (b) Date thereof 12-8-42.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation National Cem.
 18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave
 19. (a) DEC 7 1942 (b) J. F. Proesch
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)
 While at work?..... (e) Means of injury.....
 23. Signature Thomas F. Callahan (M. D. or other) 2
 Address Deputy Coroner Date signed 12-7-42

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.....

John P. Bualdoby

Licensed Embalmer No.....

1670

P. O. Address.....

3223 St Louis MO

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.