

D. JAN 21 1943

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **391**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Anthony's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3836 Wilmington Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Fred S. Pourcely**

8. (b) If veteran, name war **World War** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Clara Pourcely** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **September 16, 1890**
(Month) (Day) (Year)

8. AGE: Years **52** Months **3** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business

12. Name **John B. Pourcely**
13. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Horton**
15. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clara Pourcely**
(b) Address **3836 Wilmington**

17. (a) Burial **Burial** (b) Date thereof **1-16-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Olive**

18. (a) Signature of funeral director **Southern Funeral Home**
(b) Address **6322 S. Grand Blvd.**

19. (a) **JAN 14 1943** (Date received local registrar) **J. J. Bredich** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January 14,** year **1943** hour **7** minute **03 P.** M.

21. I hereby certify that I attended the deceased from **1-12-43** to **1-14-43**

that I last saw him alive on **1-13** and that death occurred on the date and hour stated above.

Immediate cause of death **acute pancreatitis**
gangrenous

Due to **gall stones**

Due to _____

Other conditions (include pregnancy within 3 months of death) **1/26**

Major findings: Of operations _____

Of autopsy **yes**

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature **M. J. Pullman** (M. D. or other) Address **402 W. Grand** Date signed **1-14-43**

Duration

2 Days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Bulliam
University Club Bldg.,
283

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: Virgil L. Berryman

Licensed Embalmer No. 74018

P. O. Address 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, above space should be left blank.