S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1944

Registration District No. 8

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5603

Registrar's No. 2054

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: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 1 Year 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. 2800 Caroline Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jake B Pouge

3. (b) If veteran, name war World War 1

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Effie

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 6 (Day) 1895 (Year)

8. AGE: Years 48 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Eminance Mo. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Machinsts

11. Industry or business Scullin Steel Co.

FATHER
12. Name Lee Pouge
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Adeline Voyles
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Amos Pouge
(b) Address 2800 Caroline Ave

17. (a) Motor (Burial, cremation, or removal) (b) Date thereof 3 (Month) 15 (Day) 44 (Year)
(c) Place: burial or cremation Owl Bend Missouri

18. (a) Signature of funeral director A. H. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) MAR 1 (Date received local registrar) (b) 1944 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 44 hour 12 minute 10 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 Body mangled within he was crushed by a crane operated by Joseph Young at the Scullin Steel Co. 6700 Manchester about Due to 11:30 AM Feb 29 1944 Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) Accident
(b) Date of occurrence Feb 29 1944
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry (Specify type of place)
While at work? yes (e) Means of injury Crane

23. Signature Thomas F. Callens (M. D. or other) 3
Address Deputy Coroner Date signed 3-1-44

(Licensed Embalmer's Statement on Reverse Side)

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.