

FILED MAY 13 1944

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **4237**

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Five hours
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 5076 Enright
(If rural, give location)

(e) Citizen of foreign country? ~~Yes~~ No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Poole

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 5, 1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from birth on May 5, 1944 to May 5, 1944 that I last saw her alive on May 5, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth Duration _____

8. AGE:

Years	Months	Days	If less than one day
			<u>5</u> hr. _____ min.

Due to _____

Due to _____

Other conditions 157
(Include pregnancy within 3 months of death)

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

10. Usual occupation Child

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy No autopsy

Underline the cause to which death should be charged statistically.

11. Industry or business

MOTHER FATHER

12. Name Robert Poole

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

14. Maiden name Ruth Smith

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No accident

(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 Nicholas Vitale (M. D. or other) MD
Address 3861 St. Louis Ave. Date signed 5/6/44

16. (a) Informant Robert Poole
(b) Address 5076 Enright

17. (a) Burial (b) Date thereof 5/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAY 8 1944 (b) J. F. Brueck
(Date required local registrar) (Registrar's signature)

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

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17
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4237

4237

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed *William G. Buchholz*

Not embalmed

Licensed Embalmer No. *2118*

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, fact should be so stated above.