S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3558

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 2628

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6234 Lenox Avenue.
(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 St. Louis 96
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6234 Lenox Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Poutski.
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 Married
6. (b) Name of husband or wife Charles Poutski.
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased September 15, 1871 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	3	16	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name Dont know.
13. Birthplace ? (City, town, or county) England. (State or foreign country)
MOTHER
14. Maiden name Augusta Sandell.
15. Birthplace ? (City, town, or county) England. (State or foreign country)
16. (a) Informant Mr. Charles Poutski.
(b) Address 6234 Lenox Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-1945. (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) JAN 3 1945 (Date received local registrar) (b) E. G. McGavran (Registrar's signature) Cmp

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31st year 1944. hour 2 minute 30 PM.
21. I hereby certify that I attended the deceased from 1940, 19.., to Dec 31st, 1944 that I last saw her alive on Dec 31, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Head of Pancreas	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None 469	
Of autopsy None	

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) None
(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 Peter J. Pierz (M. D. or other)
Address 6125 Barton Date signed 1/2/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pierce J. Reilly.
6125 Bartmer Avenue.
10 to 11 A.M.
Cab. 5187

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. Ben E. Hoffman Jr

Licensed Embalmer No. 5966

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.